

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

---

In re:

INTEGRAMED HOLDING CORP.,<sup>1</sup>

Debtor.

) Chapter 7

) Case No. 20-11169 (LSS)

---

In re:

INTEGRAMED AMERICA, INC.,

Debtor.

) Chapter 7

) Case No. 20-11170 (LSS)

---

In re:

TRELLIS HEALTH LLC,

Debtor.

) Chapter 7

) Case No. 20-11171 (LSS)

---

In re:

INTEGRAMED FERTILITY HOLDING CORP.,

Debtor.

) Chapter 7

) Case No. 20-11172 (LSS)

---

In re:

REPRODUCTIVE PARTNERS, INC.,

Debtor.

) Chapter 7

) Case No. 20-11173 (LSS)

---

<sup>1</sup> The Debtors in the above captioned Chapter 7 Cases, along with the last four digits of each Debtor's federal tax identification number, are as follows: IntegraMed Holding Corp. (4778), IntegraMed America, Inc. (0326), Trellis Health LLC (8710), IntegraMed Fertility Holding Corp. (7962), Reproductive Partners, Inc. (7978), IntegraMed Management of Bridgeport, LLC (0302), IntegraMed Florida Holdings, LLC (6524), IntegraMed Management of Mobile, LLC (2766), IntegraMed Management, LLC (9197), and IntegraMed Medical Missouri, LLC (0494). The Debtors' corporate headquarters is located at 2 Manhattanville Road, Purchase, NY 10577.

_____	)	
In re:	)	Chapter 7
	)	
INTEGRAMED MANAGEMENT OF	)	Case No. 20-11175 (LSS)
BRIDGEPORT, LLC,	)	
	)	
Debtor.	)	

_____	)	
In re:	)	Chapter 7
	)	
INTEGRAMED FLORIDA HOLDINGS, LLC,	)	Case No. 20-11176 (LSS)
	)	
Debtor.	)	

_____	)	
In re:	)	Chapter 7
	)	
INTEGRAMED MANAGEMENT OF MOBILE,	)	Case No. 20-11179 (LSS)
LLC,	)	
	)	
Debtor.	)	

_____	)	
In re:	)	Chapter 7
	)	
INTEGRAMED MANAGEMENT, LLC,	)	Case No. 20-11181 (LSS)
	)	
Debtor.	)	

_____	)	
In re:	)	Chapter 7
	)	
INTEGRAMED MEDICAL MISSOURI, LLC,	)	Case No. 20-11184 (LSS)
	)	
Debtor.	)	

**THE CHAPTER 7 CASES SCHEDULES AND SOFAS GLOBAL NOTES**

These Global Notes filed by the above-captioned debtors and debtors in possession (collectively, the “Debtors”) in connection with the Debtors’ Schedules of Assets and Liabilities (the “Schedules”) and Statements of Financial Affairs (the “SOFAs”) comprise an integral part of the Schedules and SOFAs and should be referred to and considered in connection with any review of them.

1. The Debtors prepared these unaudited Schedules and SOFAs pursuant to section 521 of title 11 of the United States Code (the “Bankruptcy Code”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”). Except where otherwise noted the information provided herein is presented as of the beginning of business on April 30, 2020.
2. Prior to the Petition Date, on May 11, 2020, IntegraMed America, Inc. sold certain of its information technology assets to an entity affiliated with Amulet Capital Partners, L.P. for a purchase price of \$7 million and the assumption of certain liabilities. Such assets have been excluded from the Schedules and SOFAs
3. While the Debtors have made every reasonable effort to ensure that the Schedules and SOFAs are accurate and complete, based upon information that was available to them at the time of preparation, inadvertent errors or omissions may exist and the subsequent receipt of information and/or further review and analysis of the Debtors’ books and records may result in changes to financial data and other information contained in the Schedules and SOFAs. Moreover, because the Schedules and SOFAs contain unaudited information, which is subject to further review and potential adjustment, there can be no assurance that the Schedules and SOFAs are complete or accurate.
4. In reviewing and signing the Schedules and SOFAs, F. Richard Dietz, Jr., the duly authorized and designated representative of the Debtors (the “Designated Representative”), has necessarily relied upon the prior efforts, statements and representations of other employees, personnel and professionals of the Debtors. The Designated Representative has not (and could not have) personally verified the accuracy of each such statement and representation that collectively provide the information presented in the Schedules and SOFAs, including but not limited to, statements and representations concerning amounts owed to creditors and their addresses.
5. The Debtors reserve their rights to amend the Schedules and SOFAs as may be necessary or appropriate in the Debtors’ sole and absolute discretion, including, but not limited to, the right to assert offsets or defenses to (which rights are expressly preserved), or to dispute, any claim reflected on the Schedules as to amount, liability or classification, or to otherwise subsequently designate any claim as “disputed,” “contingent” or “unliquidated.” These Global Notes will apply to all such amendments. Furthermore, nothing contained in the Schedules or SOFAs shall constitute a waiver of the Debtors’ rights with respect to the chapter 7 cases and specifically with respect to any issues involving substantive consolidation, equitable subordination and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and other relevant non-bankruptcy laws to recover assets or avoid transfers, or an admission relating to the same.
6. Any failure to designate a claim listed on the Schedules as “disputed,” “contingent” or “unliquidated” does not constitute an admission by the Debtors that such amount is not “disputed,” “contingent” or “unliquidated.” Additionally, the dollar amounts of claims listed may be exclusive of contingent and additional unliquidated amounts. Further, the claims of individual creditors are listed as the amounts entered on the Debtors’ books and records and may not reflect credits or allowances due from such creditors to the Debtors or setoffs applied by such creditors against amounts due by such creditors to the Debtors with respect to other transactions between them. The Debtors reserve all of their rights with respect to any such credits and allowances.

7. Some of the Debtors' scheduled assets and liabilities are unknown and/or unliquidated. In such cases, no amounts are listed or the amounts are listed as "undetermined," "unknown," "none calculated" or to similar effect. Accordingly, for this and other reasons the Schedules may not fully reflect the aggregate amount of the Debtors' assets and liabilities.
8. At times, the preparation of the Schedules and the SOFAs required the Debtors to make assumptions that may affect the reported amounts of assets and liabilities, the disclosures of contingent assets and liabilities, and/or other items. Actual results could differ from those estimates. Pursuant to Bankruptcy Rule 1009, the Debtors may amend their Schedules and SOFAs as they deem necessary and appropriate to reflect material changes. In addition, the Debtors, for the benefit of their estates, reserve the right to dispute or to assert offsets or defenses to any claim listed on the Schedules or SOFAs.
9. Given the differences between the information requested in the Schedules and the financial information utilized under generally accepted accounting principles in the United States ("GAAP"), the aggregate asset values and claim amounts set forth in the Schedules may not necessarily reflect the amounts that would be set forth in a balance sheet prepared in accordance with GAAP.
10. Except as otherwise noted, each asset and liability of each Debtor is shown on the basis of net book value of the asset or liability in accordance with such Debtor's accounting books and records. Therefore, unless otherwise noted, the Schedules and SOFAs are not based upon any estimate of the current market values of the Debtors' assets and liabilities, which may not correspond to book values. It would be cost prohibitive and unduly burdensome to obtain current market valuations of the Debtors' property interests. Except as otherwise noted, the Debtors' assets are presented, in detail, as they appear on the Debtors' accounting sub-ledgers. As such, the detail may include error corrections and value adjustments (shown as negative values or multiple line items for an individual asset). The Debtors believe that certain of their assets, including intangible assets, may have been significantly impaired by, among other things, the events leading to, and the commencement of, the Debtors' chapter 7 cases. The Debtors did not formally evaluate the appropriateness of the carrying values ascribed to their assets prior to commencement of the chapter 7 cases.
11. Owned property and equipment are recorded at cost and are shown net of depreciation. Depreciation is recorded using the straight-line method over the estimated useful lives of the assets, which range from three to seven years for furniture, fixtures, equipment, and software.
12. Certain litigation actions (collectively, the "Litigation Actions") reflected as claims against a particular Debtor may relate to any of the other Debtors. The Debtors made reasonable efforts to accurately record the Litigation Actions in the Schedules and SOFAs of the Debtor that is the party to the Litigation Action. The inclusion of any Litigation Action in the Schedules and SOFAs does not constitute an admission by the Debtors of liability, the validity of any Litigation Action or the amount of any potential claim that may result from any claims with respect to any Litigation Action, or the amount and treatment of any potential claim resulting from any Litigation Action currently pending or that may arise in the future.
13. With respect to Schedule A/B, questions 6-7, the retainer amounts paid by the Debtors to their bankruptcy counsel, Young Conaway Stargatt & Taylor, LLP, on an earned upon receipt basis do

not constitute an interest of the Debtors in property and are thus not listed in response to Schedule B, questions 6-7. These payments are listed in response to SOFA question 11.

14. With respect to Schedule A/B, Question 3, bank account balances are reported as of May 19, 2020.
15. With respect to Schedule A/B, question 10, the Debtors listed the accounts receivable on a consolidated basis in the Schedule of Integrated America, Inc.
16. Schedule D does not include beneficiaries of letters of credit. Although the claims of certain parties may be secured by a letter of credit, the Debtors' obligations under the letters of credit run to the issuers thereof, and not to the beneficiaries thereof.
17. Certain claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included for each claim. All claims listed on Schedule D, however, appear to have arisen or been incurred before the Petition Date.
18. The descriptions provided in Schedule D are intended only to be a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in these Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements.
19. Except as specifically stated herein, real property lessors, utility companies and other parties which may hold security deposits have not been listed on Schedule D. The Debtors have not included parties that may believe their Claims are secured through setoff rights or inchoate statutory lien rights.
20. With respect to Schedule D, the Debtors listed Bank of Montreal as the agent to the secured debt listed at D.1 and D.2. However, prior to the Petition Date, Amulet Capital Partners or an affiliate thereof purchased the debt listed at D.1. The Debtors do not know with certainty whether, as of the Petition Date, Bank of Montreal has been replaced as agent for purposes of the senior secured debt listed at D.1.
21. With respect to Schedule E/F, part 2, all creditors and amounts listed are derived from the Debtors' accounts payable as of May 20, 2020. The Debtors are unable to state with certainty the dates that such debts were incurred, and accordingly, the Debtors have not listed the dates that such debts were incurred.
22. With respect to Schedule E/F, part 2, the addresses for certain creditors were not available in the Debtors' books and records. Such addresses have, accordingly, been omitted.
23. With respect to Schedule E/F, the Debtors have omitted the entry of any patients who received care at non-debtor owned clinical facilities in accordance with the policies and protections afforded by the Health Insurance Portability and Accountability Act ("HIPAA"). Such patients may be creditors of the Debtors, and appropriate records will be made available to the Chapter 7 Trustee and the Court upon request.

24. The Debtors have included information for all of their employees, each of whom was paid through and including May 23, 2020, on account of earned wages, salaries and paid time off. Any amounts owed to such employees are unknown, and have been listed as such on the Schedules. Appropriate correspondence regarding the commencement of these chapter 7 cases was sent to employees immediately upon the filing of these proceedings. .
25. With respect to Schedule G, part 2, the addresses for certain executory contract or unexpired lease counterparties were not available in the Debtors' books and records. Such addresses have been omitted.
26. With respect to Schedule H, each of the Debtors are co-obligors with respect to scheduled claims listed at D.1 and D.2. Accordingly, each of the Debtors have been listed on Schedule H with respect to such claims.
27. The businesses of the Debtors are complex and, while every effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. The Debtors hereby reserve all of their rights to (i) dispute the validity, status or enforceability of any contracts, agreements or leases set forth in Schedule G and (ii) amend or supplement such Schedule as necessary. Furthermore, the Debtors reserve all of their rights, claims and causes of action with respect to the contracts and agreements listed on the Schedules, including the right to dispute or challenge the characterization or the structure of any transaction, document or instrument. The presence of a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or an unexpired lease.
28. The contracts, agreements and leases listed on Schedule G may have expired or may have been modified, amended or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letter and other documents, instruments and agreements that may not be listed therein. Certain of the real property leases listed on Schedule G may contain renewal options, guarantees of payments, options to purchase, rights of first refusal, rights to lease additional space and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth on Schedule G. Additionally, the Debtors may be parties to various other agreements concerning real property, such as easements, rights of way, subordination, non-disturbance, supplemental agreements, amendments/letter agreements, title documents, consents, site plans, maps and other miscellaneous agreements. Such agreements, if any, are not set forth in Schedule G. Certain of the agreements listed on Schedule G may be in the nature of conditional sales agreements or secured financings.
29. For purposes of Schedule H, the Debtors have not listed their past insurers or current insurers as co-debtors because the Debtors are unaware of any actual present liability on the part of these parties. The Debtors reserve their rights to assert that any of the various foregoing parties (or any other party not listed on Schedule H whom the Debtors later discover to be liable in whole or part for any obligation of the Debtors) is a co-debtor with the Debtors, and neither these Global Notes nor the Schedules and SOFAs shall be deemed a waiver of any rights of the Debtors to assert that any entity not listed in response to Schedule H is a co-debtor with respect to one or more of the Debtors' obligations.

30. Prior to the commencement of these cases, on May 8, 2020, May 16, 2020, and May 19, 2020, the Debtors issued three special payrolls to all employees for their earned wages, salaries, and paid time off. All other payrolls were made in the ordinary course of business on a biweekly basis. Due to the voluminous nature of such employee payments, the Debtors have excluded payments to rank and file employees in SOFA question 3. For the avoidance of doubt, the Debtors have included all applicable payments to insiders in SOFA question 4.
31. With respect to SOFA questions 26(b) through 26(d), the Debtors have excluded rank and file accountants and bookkeepers in response to this question, instead listing those officers who supervised them, as well as the Debtors' external accounting and audit firms.
32. The Debtors and their past or present officers, employees, attorneys, professionals and agents (including, but not limited to, the Designated Representative), do not guarantee or warrant the accuracy, completeness, or currentness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained herein. The Debtors and their past or present officers, employees, attorneys, professionals and agents (including, but not limited to, the Designated Representative) expressly do not undertake any obligation to update, modify, revise or re-categorize the information provided herein or to notify any third party should the information be updated, modified, revised or re-categorized. In no event shall the Debtors or their past or present officers, employees, attorneys, professionals and/or agents (including, but not limited to, the Designated Representative) be liable to any third party for any direct, indirect, incidental, consequential or special damages (including, but not limited to, damages arising from the disallowance of any potential claim against the Debtors or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused arising from or related to any information provided herein or omitted herein.

**Fill in this information to identify the case:**Debtor name IntegraMed America, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 20-11170 (LSS)☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 22, 2020**X /s/ F. Richard Dietz, Jr.**

Signature of individual signing on behalf of debtor

**F. Richard Dietz, Jr.**

Printed name

**Interim Chief Executive Officer**

Position or relationship to debtor



**Fill in this information to identify the case:**Debtor name IntegraMed America, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 20-11170 (LSS)☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 57,126,310.92**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 57,126,310.92**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 92,303,605.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 8,084,893.60**4. Total liabilities** .....  
Lines 2 + 3a + 3b\$ 100,388,498.60

**Fill in this information to identify the case:**Debtor name IntegraMed America, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 20-11170 (LSS)☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of  
debtor's interest**  
**\$3,893,788.97**

**2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account  
number3.1. BMO Harris BankCorporate Holding  
Account5442\$6,243,989.003.2. Bank of AmericaCorporate Deposit  
Account1444\$2,138,839.003.3. Bank of AmericaConcentration Account7588\$213,063.003.4. Bank of AmericaBay Imprest Acct0716\$4,000.003.5. Bank of AmericaBoise Imprest Acct1519\$355.003.6. Bank of AmericaReno Imprest Acct7756\$7,116.00

Debtor IntegraMed America, Inc.  
NameCase number (If known) 20-11170 (LSS)

3.7.	<u>Bank of America</u>	<u>Reach Imprest</u>	<u>5279</u>	<u>\$10,400.00</u>
3.8.	<u>Bank of America</u>	<u>Shady Grove Imprest</u>	<u>7481</u>	<u>\$8,341.00</u>
3.9.	<u>Bank of America</u>	<u>Shared Risk Deposits</u>	<u>6103</u>	<u>\$593,462.00</u>
3.10	<u>Bank of America</u>	<u>SIRM Imprest</u>	<u>3220</u>	<u>\$6,677.00</u>
3.11	<u>Bank of America</u>	<u>Seattle Imprest Acct</u>	<u>1669</u>	<u>\$28,906.00</u>
3.12	<u>Bank of America</u>	<u>UNC Imprest Acct</u>	<u>8362</u>	<u>\$17,500.00</u>
3.13	<u>Bank of America</u>	<u>Utah Imprest Acct</u>	<u>3058</u>	<u>\$3,254.00</u>
3.14	<u>Bank of America</u>	<u>CRM AL Imprest</u>	<u>3596</u>	<u>\$0.00</u>
3.15	<u>Bank of America</u>	<u>CRM ORD Imprest</u>	<u>9742</u>	<u>\$24,608.00</u>
3.16	<u>CapitalOne Bank</u>	<u>Shady Grove Deposit Acct</u>	<u>0450</u>	<u>\$78,785.00</u>
3.17	<u>East West Bank</u>	<u>RPMG Deposit Acct</u>	<u>6105</u>	<u>\$50,000.00</u>
3.18	<u>US Bank</u>	<u>Bay Area Deposit Acct</u>	<u>7403</u>	<u>\$50,084.00</u>
3.19	<u>Wells Fargo</u>	<u>Utah Deposit Acct</u>	<u>3204</u>	<u>\$25,000.00</u>
3.20	<u>Wells Fargo</u>	<u>Idaho Deposit Acct</u>	<u>0399</u>	<u>\$25,000.00</u>

Debtor IntegraMed America, Inc.  
NameCase number (If known) 20-11170 (LSS)

3.21	<u>Bank of America</u>	<u>IVF Florida Deposit Acct</u>	<u>7749</u>	<u>\$28,706.63</u>
------	------------------------	---------------------------------	-------------	--------------------

3.22	<u>Bank of America</u>	<u>Orlando Deposit Acct</u>	<u>9656</u>	<u>\$19,866.58</u>
------	------------------------	-----------------------------	-------------	--------------------

3.23	<u>Hancock Whitney</u>	<u>CRM AL Deposit Acct</u>	<u>2710</u>	<u>\$22,213.00</u>
------	------------------------	----------------------------	-------------	--------------------

3.24	<u>PNC</u>	<u>CRM AL Deposit Acct</u>	<u>1867</u>	<u>\$25,262.00</u>
------	------------	----------------------------	-------------	--------------------

4. **Other cash equivalents** (Identify all)5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$13,519,216.18

**Part 2: Deposits and Prepayments**6. **Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes Fill in the information below.

**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>34,817,837.23</u>	-	<u>0.00</u>	= ....	<u>\$34,817,837.23</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>13,715,452.51</u>	-	<u>4,926,195.00</u>	= ....	<u>\$8,789,257.51</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$43,607,094.74

**Part 4: Investments**13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.
- ☒ Yes Fill in the information below.

Valuation method used  
for current valueCurrent value of  
debtor's interest14. **Mutual funds or publicly traded stocks not included in Part 1**

Debtor IntegraMed America, Inc.

Name

Case number (If known) 20-11170 (LSS)

Name of fund or stock:

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership

15.1. CapEx MD 10 % Unknown

15.2. ARTIC 9 % Unknown

15.3. Pharmaceutical Contracting Alliance, LLC 51 % Unknown

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**  
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b>			
	<u>Computer Equipment</u>	<u>\$713,248.75</u>	<u>N/A</u>	<u>Unknown</u>
	<u>Furniture and Office Equipment</u>	<u>\$1,249,331.90</u>	<u>N/A</u>	<u>Unknown</u>
	<u>Medical Equipment</u>	<u>\$713,248.15</u>	<u>N/A</u>	<u>Unknown</u>

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

Debtor **IntegraMed America, Inc.**  
NameCase number (If known) **20-11170 (LSS)**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$0.00**44. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☒ No. Go to Part 9.☐ Yes Fill in the information below.**Part 9: Real property**54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

**Nature and extent of debtor's interest in property****Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest**55.1. **100 PARK PL,  
SUITES 130 170 200,  
San Ramon, CA****Lessee****\$44,152.75****N/A****Unknown**55.2. **100 TECHNOLOGY  
DR, SUITES 203 210,  
Trumbull, CT****Lessee****\$41,096.00****N/A****Unknown**55.3. **105 LANDINGS DR,  
STE 202 -,  
 Mooresville, NC****Lessee****\$0.00****N/A****Unknown**55.4. **10630 LITTLE  
PATUXENT PKWY  
(NEW), STE 305 AND  
330, Columbia, MD****Lessee****\$11,797.50****N/A****Unknown**

Debtor IntegraMed America, Inc.

Name

Case number (If known) 20-11170 (LSS)

55.5.	<u>1098 FOSTER CITY BLVD, STE 210 (A210 A205), Foster City, CA</u>	<u>Lessee</u>	<u>\$0.00</u>	<u>N/A</u>	<u>Unknown</u>
55.6.	<u>111 PLUMTREE RD, 2ND FL A, Bel Air, MD</u>	<u>Lessee</u>	<u>\$7,667.00</u>	<u>N/A</u>	<u>Unknown</u>
55.7.	<u>11516 LAMEY BRG RD, STE 13 A, D'Iberville, MS</u>	<u>Lessee</u>	<u>\$0.00</u>	<u>N/A</u>	<u>Unknown</u>
55.8.	<u>12011 LEE JACKSON HWY, SUITES 302 305, Fairfax, VA</u>	<u>Lessee</u>	<u>\$0.00</u>	<u>N/A</u>	<u>Unknown</u>
55.9.	<u>12333 NE 130TH LN, STE 220 -, Kirkland, WA</u>	<u>Lessee</u>	<u>\$0.00</u>	<u>N/A</u>	<u>Unknown</u>
55.10	<u>135 ARLINGTON HTS RD (NEW), STE 195 A, Buffalo Grove, IL</u>	<u>Lessee</u>	<u>\$0.00</u>	<u>N/A</u>	<u>Unknown</u>
55.11	<u>13580 GROUPE DR, STE 105, Woodbridge, VA</u>	<u>Lessee</u>	<u>\$22,680.63</u>	<u>N/A</u>	<u>Unknown</u>
55.12	<u>1505 WESTLAKE AVE N (NEW), SUITES 400 495 300 310, Seattle, WA</u>	<u>Lessee</u>	<u>\$28,500.00</u>	<u>N/A</u>	<u>Unknown</u>
55.13	<u>15066 LOS GATOS ALAMADEN RD (NEW), STE 100, Los Gatos, CA</u>	<u>Lessee</u>	<u>\$18,592.64</u>	<u>N/A</u>	<u>Unknown</u>
55.14	<u>15920 E INDIANA AVE, STE 200 A, Spokane Valley, WA</u>	<u>Lessee</u>	<u>\$13,662.58</u>	<u>N/A</u>	<u>Unknown</u>
55.15	<u>165 THOMAS JOHNSON DR, SUITES F G IN CONDO UNIT #300, Frederick, MD</u>	<u>Lessee</u>	<u>\$8,037.00</u>	<u>N/A</u>	<u>Unknown</u>
55.16	<u>1700 W MAIN ST, BLDG B, Pensacola, FL</u>	<u>Lessee</u>	<u>\$2,244.66</u>	<u>N/A</u>	<u>Unknown</u>

Debtor IntegraMed America, Inc.

Name

Case number (If known) 20-11170 (LSS)

55.17	18210 S LAGRANGE RD, STE 111 A, Tinley Park, IL	Lessee	\$14,835.00	N/A	Unknown
55.18	19500 SANDRIDGE WAY, STE 280 A, Leesburg, VA	Lessee	\$0.00	N/A	Unknown
55.19	2000 MEDICAL PKWY, STE 308, Annapolis, MD	Lessee	\$14,230.66	N/A	Unknown
55.20	2021 K ST NW, STE 710 A, Washington, DC	Lessee	\$11,027.31	N/A	Unknown
55.21	2021 K ST NW, STE 750, Washington, DC	Lessee	\$10,001.86	N/A	Unknown
55.22	2021 K ST NW, STE 101 -, Washington, DC	Lessee	\$11,027.31	N/A	Unknown
55.23	2260 W HIGGINS RD, STE 200 A, Hoffman Estates, IL	Lessee	\$0.00	N/A	Unknown
55.24	2333 PONCE DE LEON BLVD, SUITES 126 & 128, Coral Gables, FL	Lessee	\$60,000.00	N/A	Unknown
55.25	2592 E GRAND AVE, UNIT 205 1, Lindenhurst, IL	Lessee	\$0.00	N/A	Unknown
55.26	2960 N STATE RD 7, SUITES 100 200 300, Margate, FL	Lessee	\$2,500.00	N/A	Unknown
55.27	3010 CRAIN HWY, STE 201, Waldorf, MD	Lessee	\$3,867.00	N/A	Unknown
55.28	3055 112TH AVE NE, STE 201 A, Bellevue, WA	Lessee	\$12,782.38	N/A	Unknown



Debtor	IntegraMed America, Inc.	Case number <i>(If known)</i> 20-11170 (LSS)			
	Name				
55.29	3209 S 23RD ST, STE 350 3RD FL, Tacoma, WA	Lessee	\$60,000.00	N/A	Unknown
55.30	425 FIFTH AVE, STE 602, New York, NY	Lessee	\$28,350.00	N/A	Unknown
55.31	510 N PROSPECT AVE, SUITES 202 205, Redondo Beach, CA	Lessee	\$9,115.19	N/A	Unknown
55.32	5215 LOUGHBORO RD, STE 410 A, Washington, DC	Lessee	\$9,595.00	N/A	Unknown
55.33	555 N NEW BALLAS, STE 150 A, St. Louis, MO	Lessee	\$14,583.33	N/A	Unknown
55.34	567 NW LK WHITNEY PL, STE 103, 104, Port St. Lucie, FL	Lessee	\$6,743.30	N/A	Unknown
55.35	600 HERITAGE DR, STE 200 A, Jupiter, FL	Lessee	\$0.00	N/A	Unknown
55.36	600 W CHICAGO AVE, RW5 - RIVERWALK LEVEL EXPANSION A, Chicago, IL	Lessee	\$338,000.00	N/A	Unknown
55.37	6330 SAN VICENTE BLVD, SUITES 408 238 (UPDATED), Los Angeles, CA	Lessee	\$16,727.68	N/A	Unknown
55.38	720 ALICEANNA ST, STE 320 A, Baltimore, MD	Lessee	\$7,510.00	N/A	Unknown
55.39	728 134TH ST SW, STE 207 213, Everett, WA	Lessee	\$27,397.10	N/A	Unknown
55.40	7280 W PALMETTO PARK RD, STE 104-N, Boca Raton, FL	Lessee	\$3,780.26	N/A	Unknown

Debtor	IntegraMed America, Inc.	Case number (If known) 20-11170 (LSS)			
	Name				
55.41	7451 WILES RD, BLDG 2 STE 201 WHISPERING WOODS CTR, Coral Springs, FL	Lessee	\$2,208.33	N/A	Unknown
55.42	89 DAVIS RD, SUITES 240 260 280, Orinda, CA	Lessee	\$12,087.00	N/A	Unknown
55.43	900 N KINGSBURY ST, RW6 - PORTION OF LOWER LEVEL., Chicago, IL	Lessee	\$118,824.00	N/A	Unknown
55.44	901 DULANEY VLY RD, STE 616 AND STE 100, Towson, MD	Lessee	\$35,323.53	N/A	Unknown
55.45	907 N ELM ST, STE 200, Hinsdale, IL	Lessee	\$105,175.00	N/A	Unknown
55.46	9600 BLACKWELL RD, 5TH FL, Rockville, MD	Lessee	\$450,000.00	N/A	Unknown
55.47	9601 BLACKWELL RD, STE 400 AND 500, Rockville, MD	Lessee	\$0.00	N/A	Unknown
55.48	9850 GENESEE AVE, STE 800 AND 830, La Jolla, CA	Lessee	\$29,524.64	N/A	Unknown
55.49	TWO MANHATTANVILLE RD, 4TH FL CORR, Purchase, NY	Lessee	\$29,448.00	N/A	Unknown
55.50	9850 GENESEE AVE, STE 880, La Jolla, CA	Lessee	\$9,811.80	N/A	Unknown
55.51	9850 GENESEE AVE, STE 970, La Jolla, CA	Lessee	\$8,338.11	N/A	Unknown
55.52	425 FIFTH AVE, STE 603, New York, NY	Lessee	\$15,750.00	N/A	Unknown

Debtor IntegraMed America, Inc.

Name

Case number (If known) 20-11170 (LSS)56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

\$0.0057. **Is a depreciation schedule available for any of the property listed in Part 9?**☐ No☒ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☐ No☒ Yes**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <b>Patents, copyrights, trademarks, and trade secrets</b> <b>T259216.CA.01</b> <b>(1) performance of diagnostic tests to obtain results relative to the most prevalent chromosomal birth anomalies</b>	<u>Unknown</u>	<u>N/A</u>	<u>Unknown</u>
<b>T259212.CA.01</b> <b>(1) service de laboratoire clinique pour le dépistage de l'hypogonadisme. (1) marqueurs biochimiques servant au dépistage de l'hypogonadisme</b>	<u>Unknown</u>	<u>N/A</u>	<u>Unknown</u>
<b>T076183.CA.01</b> <b>Financing services in the nature of payment plans for patients receiving medical and healthcare services related to infertility treatment; financial guarantee services in the nature of guaranteed refund plans for patients receiving medical and healthcare services related to infertility treatment; and consultation services in the field of fertility-oriented healthcare. Consulting services in the field of healthcare.</b>	<u>Unknown</u>	<u>N/A</u>	<u>Unknown</u>
<b>T257707.CA.01</b> <b>Computer services, namely, providing consumer information in the field of healthcare and fertility treatments.</b>	<u>Unknown</u>	<u>N/A</u>	<u>Unknown</u>

Debtor IntegraMed America, Inc.

Name

Case number (If known) 20-11170 (LSS)**T257939.CA.01**

Consulting services in the field of healthcare, namely, consulting in medical services.

Provision of business marketing consultation services to specialty medical providers in the field of physician-assisted reproduction and adult women's medical services; medical referrals; consulting services in the field of healthcare, namely, consulting in healthcare operations management.

Provision of comprehensive management support services, namely, financial management services to specialty medical providers in the field of physician-assisted reproduction and adult women's medical services; consulting services in the field of healthcare, namely, consulting in the field of healthcare benefits.

Unknown

N/A

Unknown

**T257708.CA.01**

Financing services in the nature of payment plans for patients receiving medical and healthcare services related to infertility treatment; financial guarantee services in the nature of guaranteed refund plans for patients receiving medical and healthcare services related to infertility treatment; consulting services in the field of healthcare.

Unknown

N/A

Unknown

**T259211.CA.01**

Services de laboratoire clinique pour le dépistage d'anomalies génétiques.

Unknown

N/A

Unknown

**T259213.CA.01**

performance of prenatal tests.

Unknown

N/A

Unknown

**T259219.CA.01**

gynecological and fertility services

Unknown

N/A

Unknown

**T069951.CA.01**

Providing financial management regarding medical practices; financial services for others, namely, advising regarding the financing of medical services; consulting services in the fields of medical marketing, advertising and promotion; business consulting services in the fields of developing medical practices; providing business administration, business management, business consulting and business development services for healthcare providers, namely, medical practice extension and enhanced productivity.

Unknown

N/A

Unknown

Debtor IntegraMed America, Inc.

Name

Case number (If known) 20-11170 (LSS)**T257709.CA.01**

Consulting services in the fields of medical marketing, advertising, and promotion; business consulting services in the field of developing medical practices; providing business administration, business management and business consultation for in vitro fertilization clinics and laboratories associated with such clinics; business development services for others, namely, providing start-up support for in vitro fertilization clinics and laboratories associated with such clinics; business marketing consultation for in vitro fertilization clinics; business management consulting services and business risk management consulting services for in vitro fertilization clinics; providing financial management regarding medical practices; financial services for others, namely, advising regarding the financing of medical services; computer consultation services in the field of information technology for in vitro fertilization clinics; medical services in the field of human fertility.

Unknown

N/A

Unknown

**T259210.CA.01**

Operation of a fertility clinic; artificial insemination and in-vitro fertilization services,

Unknown

N/A

Unknown

**T259214.CA.01**

surgical services in the field of general surgery, gynaecology, urology, orl, plastic surgery, orthopaedic surgery and ophthalmology.

Unknown

N/A

Unknown

**T259215.CA.01**

operation of fertility clinics providing fertility treatment services, diagnostic laboratory, prenatal screening and ultrasounds and a cryopreservation center for sperm banking.

Unknown

N/A

Unknown

**T069950.CA.01**

Financial services for others, namely, advising regarding the affordability of financing for medical services.

Unknown

N/A

Unknown

Debtor IntegraMed America, Inc.

Name

Case number (if known) 20-11170 (LSS)**T257710.CA.01**

Provision of comprehensive management support services, namely business and marketing in human resources management consultation services to speciality medical providers in the field of physician assisted reproduction and adult women's medical services; provision of comprehensive management support services, namely financial management services to speciality medical providers in the field of physician assisted reproduction and adult women's medical services.

Unknown

N/A

Unknown

**T266480.US.01**

Promoting awareness of infertility

Unknown

N/A

Unknown

**T232570.US.01**

Administration of discount programs for enabling participants to obtain discounts on prescription drugs.

Unknown

N/A

Unknown

**T075007.US.01**

Financing services in the nature of payment plans for patients receiving medical and healthcare services related to infertility treatment; financial guarantee services in the nature of guaranteed refund plans for patients receiving medical and healthcare services related to infertility treatment. Consultation services in the field of healthcare.

Unknown

N/A

Unknown

**T202189.US.01**

Computer services, namely, providing consumer information in the field of healthcare and fertility treatments.

Unknown

N/A

Unknown

**T218095.US.01**

Provision of business marketing consultation services to specialty medical providers in the field of physician-assisted reproduction and adult women's medical services; medical referrals; consulting services in the field of healthcare, namely, consulting in healthcare operations management.

Unknown

N/A

Unknown

**T075940.US.01**

Financing services in the nature of payment plans for patients receiving medical and healthcare services related to infertility treatment; financial guarantee services in the nature of guaranteed refund plans for patients receiving medical and healthcare services related to infertility treatment. Consulting services in the field of healthcare.

Unknown

N/A

Unknown

Debtor IntegraMed America, Inc.

Name

Case number (if known) 20-11170 (LSS)**T257753.US.01**

Medical counseling services; artificial insemination services and in vitro fertilization and insemination services, fertilization and pregnancy analysis and testing services.

Unknown

N/A

Unknown

**T070877.US.01**

Providing programs that provide consumers and affiliated fertility centers with health and medical information on the subjects of pregnancy and fertility.

Unknown

N/A

Unknown

**T076796.US.01**

Medical services in the field of fertility.

Unknown

N/A

\$0.00

**T257759.US.01**

Medical and scientific research, namely conducting clinical trials; medical laboratories; medical research; scientific investigations for medical purposes. Medical and pharmaceutical consultation; medical assistance consultancy provided by doctors and other specialized medical personnel; medical clinics; medical consultations; medical counseling; medical information; medical services; medical services, namely, in vitro fertilization; medical testing.

Unknown

N/A

Unknown

**T266481.US.01**

Promoting awareness of infertility.

Unknown

N/A

Unknown

**T070885.US.01**

Consulting services in the fields of medical marketing, advertising and promotion; business consulting services in the fields of developing medical practices; providing business administration, business management, business consulting and business development services for healthcare providers, namely, medical practice extension and enhanced productivity. Providing financial management regarding medical practices; financial services for others, namely, advising regarding the financing of medical services.

Unknown

N/A

Unknown

**T070899.US.01**

Provision of comprehensive management support services, namely, business marketing and human resource management consultation services to specialty medical providers in the field of physician-assisted reproduction and adult women's medical services.

Unknown

N/A

Unknown

Debtor IntegraMed America, Inc.

Name

Case number (if known) 20-11170 (LSS)**T238058.US.01**

Consulting services in the fields of medical marketing, advertising, and promotion; business consulting services in the field of developing medical practices; providing business administration, business management and business consultation for in vitro fertilization clinics and laboratories associated with such clinics; business development services for others, namely, providing start-up support for in vitro fertilization clinics and laboratories associated with such clinics; business marketing consultation for in vitro fertilization clinics; business management consulting services and business risk management consulting services for in vitro fertilization clinics.

Unknown

N/A

Unknown

**T074874.US.01**

Consulting services in the fields of medical marketing, advertising, and promotion; business consulting services in the field of developing medical practices; providing business administration, business management and business consultation for healthcare providers in in vitro fertilization clinics and laboratories associated with such clinics; business development services for others, namely, providing start-up support for healthcare providers in vitro fertilization clinics and laboratories associated with such clinics; business marketing consultation for in vitro fertilization clinics; business management consulting services and business risk management consulting services.

Unknown

N/A

Unknown

**T070886.US.01**

Medical services in the field of fertility

Unknown

N/A

Unknown

**T252862.US.01**

Medical services in the field of human fertility

Unknown

N/A

Unknown

**T070897.US.01**

Medical laboratory services; medical research provided to clinical facilities and physician practices which provide assisted reproductive technology and fertility services to infertile couples seeking to achieve pregnancy.

Unknown

N/A

Unknown

**T070880.US.01**

Financial services related to structuring payment for and advising regarding the affordability of medical services.

Unknown

N/A

Unknown



Debtor IntegraMed America, Inc.  
NameCase number (if known) 20-11170 (LSS)**T257748.US.01**

Artificial insemination services and in vitro fertilization and insemination services; laboratory services, namely, genetic, artificial insemination, fertilization and pregnancy analysis and testing services; medical services; clinical services, namely, male and female infertility and assisted reproductive services; and medical counseling services in the fields of reproduction, infertility and pregnancy

Unknown

N/A

Unknown

**T257760.US.01**

Medical laboratory services, and medical and scientific research services

Unknown

N/A

Unknown

**T070875.US.01**

Provision of comprehensive management support services, namely business and marketing in human resources management consultation services to speciality medical providers in the field of physician assisted reproduction and adult women's medical services

Unknown

N/A

Unknown

**T276547.US.01**

Fertility related educational services, namely, providing seminars and workshops in the fields of fertility, fertility wellness and nutrition.

Unknown

N/A

Unknown

61. Internet domain names and websites
62. Licenses, franchises, and royalties
63. Customer lists, mailing lists, or other compilations
64. Other intangibles, or intellectual property
65. Goodwill

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$0.00****67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?**

- ☒ No
- ☐ Yes

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No
- ☐ Yes

**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 16

Debtor **IntegraMed America, Inc.**  
Name

Case number (If known) **20-11170 (LSS)**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor IntegraMed America, Inc.  
NameCase number (if known) 20-11170 (LSS)**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$13,519,216.18</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$43,607,094.74</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$57,126,310.92</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$57,126,310.92</u>

**Fill in this information to identify the case:**Debtor name IntegraMed America, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 20-11170 (LSS)☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>Bank of Montreal (Administrative Agent)</b> Creditor's Name <b>Robert A. Kiefer</b> <b>150 King Street West</b> <b>11th Floor</b> <b>Toronto, Ontario, Canada</b> <b>M5K 3T9</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>December 17, 2015</b> Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Substantially all assets</b>  Describe the lien <b>Senior Secured Term Loan</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$70,144,065.00</b>	<b>Unknown</b>

2.2	<b>Bank of Montreal (Administrative Agent)</b> Creditor's Name <b>Zoltan J. Szoldatits</b> <b>100 King Street West</b> <b>23rd Floor</b> <b>Toronto, Ontario, Canada</b> <b>M5X1A1</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred	Describe debtor's property that is subject to a lien <b>Substantially all assets</b>  Describe the lien <b>Subordinated credit facility</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No	<b>\$22,159,540.00</b>	<b>Unknown</b>
-----	--	--	------------------------	----------------

Debtor **IntegraMed America, Inc.**  
NameCase number (if known) **20-11170 (LSS)**☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 Dell Financial Services**

Creditor's Name

**Po Box 41602  
Seattle, WA 98188**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Computer equipment****Unknown****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Everbank Commercial Finance**

Creditor's Name

**PO Box 911608  
Denver, CO 80291**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Clinical and lab equipment****Unknown****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 GE HFS, LLC**

Creditor's Name

**PO Box 641419  
Pittsburgh, PA 15264**

Describe debtor's property that is subject to a lien

**clinical and lab equipment****Unknown****Unknown**

Debtor **IntegraMed America, Inc.**  
NameCase number (if known) **20-11170 (LSS)**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.6 **GE HFS, LLC**

Creditor's Name

**PO Box 96483  
Chicago, IL 60693**

Creditor's mailing address

Describe debtor's property that is subject to a lien  
**clinical and lab equipment****Unknown****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.7 **General Electric Capital Corporation**

Creditor's Name

Describe debtor's property that is subject to a lien  
**clinical and lab equipment****Unknown****Unknown**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Debtor **IntegraMed America, Inc.**  
NameCase number (if known) **20-11170 (LSS)**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.☐ Contingent☐ Unliquidated☐ Disputed**2.8 KONICA MINOLTA  
PREMIER FINANCE**

Creditor's Name

**PO BOX 105743  
ATLANTA, GA 30348**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an  
interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.**Describe debtor's property that is subject to a lien  
clinical and lab equipment****Unknown****Unknown****Describe the lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.9 LEASING ASSOCIATES OF  
BARRINGTON**

Creditor's Name

**BARRINGTON, INC.  
220 NORTH RIVER STREET  
DUNDEE, IL 60118**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an  
interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.**Describe debtor's property that is subject to a lien  
clinical and lab equipment****Unknown****Unknown****Describe the lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.1  
0 MARLIN BUSINESS BANK**

Creditor's Name

**PO BOX 13604  
PHILADELPHIA, PA 19101**

Creditor's mailing address

**Describe debtor's property that is subject to a lien  
clinical and lab equipment****Unknown****Unknown****Describe the lien**

Debtor **IntegraMed America, Inc.**  
NameCase number (if known) **20-11170 (LSS)**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1  
1**Norcom Solutions**

Creditor's Name

**200 White Plains Road  
Tarrytown, NY 10591**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.Describe debtor's property that is subject to a lien  
**Telecom and server equipment****Unknown****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1  
2**Shady Grove Reproductive  
Science Center**

Creditor's Name

**9600 Blackwell Road, Suite  
500  
Rockville, MD 20850**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.Describe debtor's property that is subject to a lien  
**Lien on bank account****Unknown****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed



Debtor **IntegraMed America, Inc.**  
NameCase number (if known) **20-11170 (LSS)**

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$92,303,605.**  
**00****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?Last 4 digits of  
account number for  
this entity

**Fill in this information to identify the case:**Debtor name **IntegraMed America, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **20-11170 (LSS)**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Aaron, Dollie M.</b> <b>6428 Ridge Terrace</b> <b>899</b> <b>Orlando, FL 32810</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Aday, Marie C.</b> <b>3775 Wauteck Lane</b> <b>Cottonwood, CA 96022</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.3	Priority creditor's name and mailing address <b>Akhavan, Tara</b> <b>628 NE 13th Ave</b> <b>Fort Lauderdale, FL 33304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address <b>Albaracin, Patricia L.</b> <b>404 Parkside Ave</b> <b>Itasca, IL 60143</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address <b>Albaugh, Katherine J.</b> <b>7408 NE 120th PL</b> <b>Kirkland, WA 98034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address <b>Aldana, Ivonne</b> <b>31446 Carroll Ave</b> <b>Hayward, CA 94544</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.7	Priority creditor's name and mailing address <b>Aldo, David</b> <b>16 Turney Road</b> <b>Redding, CT 06896</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.8	Priority creditor's name and mailing address <b>Aleman, Fany</b> <b>261 N Country Club Blvd</b> <b>Boca Raton, FL 33487</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.9	Priority creditor's name and mailing address <b>Alexander, Suzanne M.</b> <b>207 Citrus Dr.</b> <b>Sanford, FL 32771</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.10	Priority creditor's name and mailing address <b>Aliabadi, Julia H.</b> <b>6715 9th Ave. NW</b> <b>Seattle, WA 98117</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.11	Priority creditor's name and mailing address <b>Allen, Evelyn D.</b> <b>3939 Woodlawn Ave N.</b> <b>Seattle, WA 98103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.12	Priority creditor's name and mailing address <b>Allen, Kathy S.</b> <b>1821 Paseo Laguna Seco</b> <b>Livermore, CA 94551</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.13	Priority creditor's name and mailing address <b>Allen, Linda M</b> <b>11811 S. Avers</b> <b>Alsip, IL 60803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.14	Priority creditor's name and mailing address <b>Altmann, Ashley</b> <b>11095 Persimmon Blvd.</b> <b>West Palm Beach, FL 33411</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.15	Priority creditor's name and mailing address <b>Alvarado, Jennifer R.</b> <b>709 Crocket Drive</b> <b>Brentwood, CA 94513</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.16	Priority creditor's name and mailing address <b>Alvarez, Bethany</b> <b>3139 Arroba Way</b> <b>San Jose, CA 95118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.17	Priority creditor's name and mailing address <b>Ambrosino, Jessica E.</b> <b>3208 SW Trailside Path</b> <b>Stuart, FL 34997</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.18	Priority creditor's name and mailing address <b>Anabeza, Anna Maria G.</b> <b>1694 Bonita Ave</b> <b>Mountain View, CA 94040</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.19	Priority creditor's name and mailing address <b>Anderson, Alessandra C.</b> <b>133 N Menlo Park Street</b> <b>Mountain House, CA 95391</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.20	Priority creditor's name and mailing address <b>Anderson, Chaucey A.</b> <b>1654 Fernhill Dr</b> <b>Johns Island, SC 29455</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.21	Priority creditor's name and mailing address <b>Anderson, Katie K.</b> <b>14360 109th Ave NE</b> <b>Kirkland, WA 98034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.22	Priority creditor's name and mailing address <b>Anderson, Linda</b> <b>5040 A Street</b> <b>Tacoma, WA 98408</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.23	Priority creditor's name and mailing address <b>Anderson, Stephanie</b> <b>9300 Trinity Rd</b> <b>Charlotte, NC 28216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>4</u> )	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.24	Priority creditor's name and mailing address <b>Anthony, Tiffani S.</b> <b>242 Hastings Dr.</b> <b>Goose Creek, SC 29445</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>4</u> )	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.25	Priority creditor's name and mailing address <b>Aponte, Gloria I.</b> <b>1798 N. Wentworth Cr</b> <b>Romeoville, IL 60446</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>4</u> )	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.26	Priority creditor's name and mailing address <b>Arizona Department of Revenue</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>8</u> )	Basis for the claim: <b>Taxing authority</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.27	Priority creditor's name and mailing address <b>Artac, Robin A.</b> <b>665 Camino Del Mar</b> <b>Newbury Park, CA 91320</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.28	Priority creditor's name and mailing address <b>Ashorian, Liora</b> <b>6736 N. Kedvale</b> <b>Lincolnwood, IL 60712</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.29	Priority creditor's name and mailing address <b>Atassi, Dena</b> <b>1485 Harmon Ave.</b> <b>Winter Park, FL 32789</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.30	Priority creditor's name and mailing address <b>Attarian, Mark A.</b> <b>15 Johnson Road</b> <b>Andover, MA 01810</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.31	Priority creditor's name and mailing address <b>Attilus, Ellen</b> <b>3220 NW 84th Ave</b> <b>APT B-221</b> <b>Fort Lauderdale, FL 33351</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.32	Priority creditor's name and mailing address <b>Aubel, Barbara</b> <b>30 Old Barn Road</b> <b>Lake Zurich, IL 60047</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.33	Priority creditor's name and mailing address <b>Aucoin, Bosley J.</b> <b>75 S. 2nd Ave.</b> <b>Lombard, IL 60148</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.34	Priority creditor's name and mailing address <b>Austin, Rachel</b> <b>260 NE Triplet Dr</b> <b>Casselberry, FL 32707</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.35	Priority creditor's name and mailing address <b>Ayala, Martin</b> <b>4350 N. Broadway St.</b> <b>Apt.706</b> <b>Chicago, IL 60613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.36	Priority creditor's name and mailing address <b>Azikhanova, Florida</b> <b>801 Oak Shadows Rd.</b> <b>Kissimmee, FL 34747</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.37	Priority creditor's name and mailing address <b>Aziz, Sima S.</b> <b>26661 Bridlewood Dr.</b> <b>Laguna Hills, CA 92653</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.38	Priority creditor's name and mailing address <b>Baab, Carrie E.</b> <b>2023 13th St.</b> <b>No. 1</b> <b>Winthrop Harbor, IL 60096</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.39	Priority creditor's name and mailing address <b>Baca, Leticia</b> <b>5216 Crestfield Drive</b> <b>San Ramon, CA 94582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.40	Priority creditor's name and mailing address <b>Backus, Debra R.</b> <b>1054 Anna Knapp Blvd.</b> <b>Apt 14H</b> <b>Mount Pleasant, SC 29464</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.41	Priority creditor's name and mailing address <b>Badig, Andrea L.</b> <b>624 Catalonia Ave</b> <b>Miami, FL 33134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.42	Priority creditor's name and mailing address <b>Badruddin, Ambreen</b> <b>4167 Picardy Dr.</b> <b>Northbrook, IL 60062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.43	Priority creditor's name and mailing address <b>Bajarunas, Kristin</b> <b>1636 Glenbrooke Lane</b> <b>New Lenox, IL 60451</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.44	Priority creditor's name and mailing address <b>Baker, Melinda L.</b> <b>13620 135th Ave NE</b> <b>Kirkland, WA 98034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.45	Priority creditor's name and mailing address <b>Baldoni, Helen B.</b> <b>208 N. Fourth Street</b> <b>Dundee, IL 60118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.46	Priority creditor's name and mailing address <b>Ball, Elizabeth</b> <b>758 North Larrabee St.</b> <b>Unit 530</b> <b>Chicago, IL 60654</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.47	Priority creditor's name and mailing address <b>Ball, Gene D.</b> <b>11812 8th Ave NW</b> <b>Seattle, WA 98117</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.48	Priority creditor's name and mailing address <b>Ballew, Marissa R.</b> <b>2309 NE 91st Street</b> <b>Seattle, WA 98115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.49	Priority creditor's name and mailing address <b>Bankert, Emily C.</b> <b>1301 Windover Run</b> <b>Hanahan, SC 29410</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.50	Priority creditor's name and mailing address <b>Barajas, Veronica M.</b> <b>2624 Carson Way</b> <b>Antioch, CA 94531</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

2.51	Priority creditor's name and mailing address <b>Baranyi Laura C.</b> <b>6000 Oakwood Dr</b> <b>Unit 2C</b> <b>Lisle, IL 60532</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.52	Priority creditor's name and mailing address <b>Barash, Oleksii</b> <b>105 Reflections Drive</b> <b># 27</b> <b>San Ramon, CA 94583</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.53	Priority creditor's name and mailing address <b>Barevadia, Khyati J.</b> <b>2823 Kudrow Lane</b> <b>Morrisville, NC 27560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.54	Priority creditor's name and mailing address <b>Barnes, Dianne C.</b> <b>609 Tracy Lane</b> <b>Gastonia, NC 28056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.55	Priority creditor's name and mailing address <b>Barnes, Natalie</b> <b>1520 Cameron Matthews Drive</b> <b>#206</b> <b>Matthews, NC 28105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.56	Priority creditor's name and mailing address <b>Barrett, Adam B.</b> <b>1330 Ardmore Dr</b> <b>Cary, IL 60013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.57	Priority creditor's name and mailing address <b>Barrett, Antoinette M.</b> <b>1116 N. Hiatus Road</b> <b>Hollywood, FL 33026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.58	Priority creditor's name and mailing address <b>Bartline, Stacey C.</b> <b>10108 34th Ave SW</b> <b>Seattle, WA 98146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.59	Priority creditor's name and mailing address <b>Bartodziej, Adrienne</b> <b>733 Carpenter Ave.</b> <b>Oak Park, IL 60304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.60	Priority creditor's name and mailing address <b>Bates, Geldy</b> <b>7645 Green Mountain Way</b> <b>Winter Garden, FL 34787</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.61	Priority creditor's name and mailing address <b>Bathe, Donna</b> <b>11120 Suspense Drive</b> <b>Winter Garden, FL 34787</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.62	Priority creditor's name and mailing address <b>Beasley, Sarah E.</b> <b>6502 27th Avenue NE</b> <b>Seattle, WA 98115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.63	Priority creditor's name and mailing address <b>Beeken, Andrea M.</b> <b>8106A 79th Street SW</b> <b>Lakewood, WA 98498</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.64	Priority creditor's name and mailing address <b>Behnke, Margaret</b> <b>4941 W. Pensacola</b> <b>Chicago, IL 60641</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.65	Priority creditor's name and mailing address <b>Bendre, Seema A.</b> <b>1801 Tower Drive</b> <b>Apt 23</b> <b>Glenview, IL 60026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.66	Priority creditor's name and mailing address <b>Benjamin, Chyrl</b> <b>110 Remington Dr</b> <b>North Charleston, SC 29418</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	IntegraMed America, Inc.		Case number (if known)	20-11170 (LSS)	
	Name				
2.67	Priority creditor's name and mailing address <b>Bennett, Veronica L.</b> <b>8021 Karem Ln.</b> <b>Charlotte, NC 28215</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.68	Priority creditor's name and mailing address <b>Benson, Toyla L.</b> <b>3354 W. Wilson Ave.</b> <b>Apt GN</b> <b>Chicago, IL 60625</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.69	Priority creditor's name and mailing address <b>Benward, Heather M.</b> <b>3508 N. 7th St.</b> <b>Ocean Springs, MS 39564</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.70	Priority creditor's name and mailing address <b>Berenis, Megan T.</b> <b>4367 Berry Oak Drive</b> <b>Apopka, FL 32712</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.71	Priority creditor's name and mailing address <b>Bernat, Katherine M.</b> <b>2607 Holmview St.</b> <b>Waxhaw, NC 28173</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wagse</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.72	Priority creditor's name and mailing address <b>Berquist, Rachel</b> <b>4022 Washington Rd</b> <b>No. 112</b> <b>Kenosha, WI 53144</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.73	Priority creditor's name and mailing address <b>Berry, Elsa</b> <b>2319 E. Olive St.</b> <b>Apt 2C</b> <b>Arlington Heights, IL 60004</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.74	Priority creditor's name and mailing address <b>Bien, Dawn</b> <b>1392 Fairway Dr.</b> <b>Lake Forest, IL 60045</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.75	Priority creditor's name and mailing address <b>Bigler-Vollman, Jorene M.</b> <b>1771 Haverford Dr.</b> <b>Algonquin, IL 60102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.76	Priority creditor's name and mailing address <b>Bingham, Shayna</b> <b>360 Mount Royall Dr</b> <b>Mount Pleasant, SC 29464</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.77	Priority creditor's name and mailing address <b>Bishop, Katherine L.</b> <b>14040 Creek Crossing Drive</b> <b>Orland Park, IL 60467</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.78	Priority creditor's name and mailing address <b>Blackorby, Sarah E.</b> <b>7481 FM 1615</b> <b>Athens, TX 75752</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.79	Priority creditor's name and mailing address <b>Blakeslee, Bianca</b> <b>10772 Sandy Run Road</b> <b>Jupiter, FL 33478</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.80	Priority creditor's name and mailing address <b>Blanck, William</b> <b>172 Salmon Hallow Road</b> <b>Brewster, NY 10509</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.81	Priority creditor's name and mailing address <b>Bland, Whitney A.</b> <b>116 Lavender Bloom L</b> <b>Mooreville, NC 28115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.82	Priority creditor's name and mailing address <b>Blandin, Tracy H.</b> <b>26 Crystal Spring Dr</b> <b>Goose Creek, SC 29445</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.83	Priority creditor's name and mailing address <b>Blanton, Terri A.</b> <b>507 Pate Dr.</b> <b>Fort Mill, SC 29715</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.84	Priority creditor's name and mailing address <b>Board, Debra</b> <b>2554 W. Wilson</b> <b>Unit 1</b> <b>Chicago, IL 60625</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.85	Priority creditor's name and mailing address <b>Boehler, Annamaria</b> <b>8009 Caliber Woods Dr</b> <b>Raleigh, NC 27616</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.86	Priority creditor's name and mailing address <b>Bojan, Alexandria</b> <b>1419 E 62nd St.</b> <b>Chicago, IL 60617</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.87	Priority creditor's name and mailing address <b>Boles, Shannon M.</b> <b>3349 Merion PI</b> <b>Mount Pleasant, SC 29466</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.88	Priority creditor's name and mailing address <b>Bollin, Christopher</b> <b>2 Deal Drive</b> <b>Danbury, CT 06810</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.89	Priority creditor's name and mailing address <b>Bonnema, Nicole A.</b> <b>650 Enterprise Blvd</b> <b>Apt 1202</b> <b>Charleston, SC 29492</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.90	Priority creditor's name and mailing address <b>Booker, Brianna</b> <b>2314 Carmel Blvd.</b> <b>Zion, IL 60099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.91	Priority creditor's name and mailing address <b>Boone, Frankie M.</b> <b>3835 Guess Rd.</b> <b>Apt. 733</b> <b>Durham, NC 27705</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.92	Priority creditor's name and mailing address <b>Boone, Sandrine Y.</b> <b>2897 Doe Run Trail</b> <b>Orange City, FL 32763</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.93	Priority creditor's name and mailing address <b>Booras, Ruby J.</b> <b>2417 19th Ave CT NW</b> <b>Gig Harbor, WA 98335</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.94	Priority creditor's name and mailing address <b>Borders, Chantal C.</b> <b>977 Cascades Park Trail</b> <b>Deland, FL 32720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.95	Priority creditor's name and mailing address <b>Borgeson, Laura J.</b> <b>177 Grove Avenue</b> <b>Unit A</b> <b>Des Plaines, IL 60016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.96	Priority creditor's name and mailing address <b>Boucard-Charles, Judith</b> <b>1809 Florence Vista Blvd.</b> <b>Orlando, FL 32818</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.97	Priority creditor's name and mailing address <b>Boucher, Chantel</b> <b>2928 Rush Ave</b> <b>Charlotte, NC 28208</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.98	Priority creditor's name and mailing address <b>Boudreau Ph.D., Alison L.</b> <b>2432 WHITETHORNE DRIVE</b> <b>San Jose, CA 95128</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.99	Priority creditor's name and mailing address <b>Boulder, Chaquetta</b> <b>3291 NW 37th Street</b> <b>Fort Lauderdale, FL 33309</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.100	Priority creditor's name and mailing address <b>Bowes, Christine</b> <b>5616 N. Wayne Avenue</b> <b>Unit 3S</b> <b>Chicago, IL 60660</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.101	Priority creditor's name and mailing address <b>Boyd, Brenna J.</b> <b>12747 Ellsworth St.</b> <b>Crown Point, IN 46370</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.102	Priority creditor's name and mailing address <b>Boyd, Kathryn</b> <b>14341 Old Dobbin Dr</b> <b>Huntersville, NC 28078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.103	Priority creditor's name and mailing address <b>Boyd, Sara E.</b> <b>805 Runaway Bay Lane</b> <b>Mount Pleasant, SC 29464</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.104	Priority creditor's name and mailing address <b>Boylan, Caitlin F.</b> <b>7632 Silverview Lane</b> <b>Raleigh, NC 27613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.105	Priority creditor's name and mailing address <b>Brady, Kathleen A.</b> <b>18 Alton Road</b> <b>Prospect Heights, IL 60070</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.106	Priority creditor's name and mailing address <b>Brian, JoAnne</b> <b>2532 Via Espada</b> <b>Pleasanton, CA 94566</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.107	Priority creditor's name and mailing address <b>Brillhart, Sharon M.</b> <b>PO Box 94201</b> <b>Seattle, WA 98124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.108	Priority creditor's name and mailing address <b>Briones, Kelly A.</b> <b>132 Baumgartner Pl N</b> <b>Eatonville, WA 98328</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.109	Priority creditor's name and mailing address <b>Broga, Denise</b> <b>3406 Browne Creek Rd</b> <b>Charlotte, NC 28269</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.110	Priority creditor's name and mailing address <b>Broglia, Kimberly L.</b> <b>303 Howland Avenue</b> <b>Cary, NC 27513</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.111	Priority creditor's name and mailing address <b>Brohammer, Rebecca L.</b> <b>4248 Bayside Drive</b> <b>Hanover Park, IL 60133</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.112	Priority creditor's name and mailing address <b>Brooks, Sharon</b> <b>9 Morgan Avenue</b> <b>Greenwich, CT 06831</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.113	Priority creditor's name and mailing address <b>Broughton, Kelly</b> <b>2320 Maritime Lane</b> <b>Woodstock, IL 60098</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.114	Priority creditor's name and mailing address <b>Brower, Kaycee L.</b> <b>1270 Scarlet Oak Loop</b> <b>Winter Garden, FL 34787</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.115	Priority creditor's name and mailing address <b>Brown, Alexandra M.</b> <b>22300 Hickory Way</b> <b>Brier, WA 98036</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.116	Priority creditor's name and mailing address <b>Brown, Breonna</b> <b>1215 Seneca St.</b> <b>Apt 415</b> <b>Seattle, WA 98101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.117	Priority creditor's name and mailing address <b>Brown, Jamie A.</b> <b>2509 S. Cherry Lane</b> <b>Spokane, WA 99223</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.118	Priority creditor's name and mailing address <b>Brown, Jennifer</b> <b>527 Cumnor Ct</b> <b>Deerfield, IL 60015</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.119	Priority creditor's name and mailing address <b>Brown, Stephen R.</b> <b>10971 Inside Loop</b> <b>Orlando, FL 32825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.120	Priority creditor's name and mailing address <b>Brownell, Heather M.</b> <b>20804 4th Ave. S</b> <b>Seattle, WA 98198</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.121	Priority creditor's name and mailing address <b>Bru, Jeanne</b> <b>129 Riverbend Dr.</b> <b>Mobile, AL 36605</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.122	Priority creditor's name and mailing address <b>Bruce, Laura</b> <b>House H</b> <b>Durango, CO 80301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.123	Priority creditor's name and mailing address <b>Brunner, Lynette M.</b> <b>5622 154th Place SW</b> <b>Edmonds, WA 98026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.124	Priority creditor's name and mailing address <b>Bryan, Maria Isabel</b> <b>7 Sandcrab Court</b> <b>Isle of Palms, SC 29451</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.125	Priority creditor's name and mailing address <b>Bryan, Maria T.</b> <b>998 Golden Cane Dr.</b> <b>Fort Lauderdale, FL 33327</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.126	Priority creditor's name and mailing address <b>Brzuskiwicz, Theresa</b> <b>8141 N. Olcott</b> <b>Niles, IL 60714</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.127	Priority creditor's name and mailing address <b>Budzinski, Alaina M.</b> <b>7013 Seaview Terrace SW</b> <b>Unit C</b> <b>Seattle, WA 98136</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.128	Priority creditor's name and mailing address <b>Bui, Mary T.</b> <b>95 Burnett Ave S.</b> <b>Unit 207</b> <b>Renton, WA 98057</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.129	Priority creditor's name and mailing address <b>Bull, Rachel E.</b> <b>107 13th Ave E.</b> <b>Unit A</b> <b>Seattle, WA 98102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.130	Priority creditor's name and mailing address <b>Bunch, Taylor, N.</b> <b>2410 Albany St.</b> <b>Durham, NC 27705</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.131	Priority creditor's name and mailing address <b>Burchell, Kimberly L.</b> <b>18536 71st Ave NE</b> <b>Kenmore, WA 98028</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.132	Priority creditor's name and mailing address <b>Burke, Anne</b> <b>3345 W. Argyle St.</b> <b>No. 2</b> <b>Chicago, IL 60625</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.133	Priority creditor's name and mailing address <b>Burton, Amy</b> <b>6635 Cow Hollow Dr.</b> <b>Apt 2132</b> <b>Charlotte, NC 28226</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.134	Priority creditor's name and mailing address <b>Butler, Diane</b> <b>2410 Poplar St</b> <b>Joliet, IL 60435</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.135	Priority creditor's name and mailing address <b>Byars, Jaime</b> <b>14011 278th Place NE</b> <b>Duvall, WA 98019</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.136	Priority creditor's name and mailing address <b>Bybee, Katelyn</b> <b>1316 28th St. SE</b> <b>Auburn, WA 98002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.137	Priority creditor's name and mailing address <b>Cabanilla, Daisy</b> <b>2958 N. Merrimac Ave.</b> <b>Chicago, IL 60634</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.138	Priority creditor's name and mailing address <b>Cabrera, Karla</b> <b>4940 W. Montrose</b> <b>Chicago, IL 60641</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)	20-11170 (LSS)	
<b>IntegraMed America, Inc.</b> Name			
2.139 Priority creditor's name and mailing address <b>Cain, Lindsay</b> <b>35424 SE Venn St.</b> <b>Snoqualmie, WA 98065</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.140 Priority creditor's name and mailing address <b>Caldwell, Anna E.</b> <b>1701 Dexter Ave N.</b> <b>Apt 225</b> <b>Seattle, WA 98109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.141 Priority creditor's name and mailing address <b>Callahan, Melanie R.</b> <b>4205 Barberry Lane</b> <b>Apt 1C</b> <b>Zion, IL 60099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.142 Priority creditor's name and mailing address <b>Camp, Ryann</b> <b>2889 Sollie Rd</b> <b>Apt 718</b> <b>Mobile, AL 36695</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.143	Priority creditor's name and mailing address <b>Campbell, Cheryl</b> <b>545 Ridgeway</b> <b>White Plains, NY 10605</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.144	Priority creditor's name and mailing address <b>Campbell, Jesibel</b> <b>2126 NW 18th St</b> <b>Miami, FL 33125</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.145	Priority creditor's name and mailing address <b>Campss, Haymee</b> <b>11305 S. Avenue N</b> <b>Chicago, IL 60617</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.146	Priority creditor's name and mailing address <b>Canning, Lindsay E.</b> <b>612 25th Ave. East</b> <b>Seattle, WA 98112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor <b>IntegraMed America, Inc.</b> Name	Case number (if known) <b>20-11170 (LSS)</b>		
2.147	Priority creditor's name and mailing address <b>Cannon, Carolyn</b> <b>1005 Point of Light Lane</b> <b>Charleston, SC 29412</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.148	Priority creditor's name and mailing address <b>Caprell, Hunter</b> <b>5512 Old Still Road</b> <b>Wake Forest, NC 27587</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.149	Priority creditor's name and mailing address <b>Caputo, Frank</b> <b>33 Cobblers Lane</b> <b>Norwalk, CT 06851</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.150	Priority creditor's name and mailing address <b>Caraballo, Ilene</b> <b>5752 NW 121 TERR</b> <b>Pompano Beach, FL 33076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.151	Priority creditor's name and mailing address <b>Carroll, Laura L.</b> <b>1278 SW High Point</b> <b>Palm City, FL 34990</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.152	Priority creditor's name and mailing address <b>Carter, Jenny</b> <b>2800 NW</b> <b>34th Terrace</b> <b>Lauderdale Lakes, FL 33311</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.153	Priority creditor's name and mailing address <b>Carter, Maria</b> <b>3550 N. Lakeshore Dr.</b> <b>Chicago, IL 60657</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.154	Priority creditor's name and mailing address <b>Casanas, Fatima</b> <b>2470 W. Ave 136th</b> <b>San Leandro, CA 94577</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.155	Priority creditor's name and mailing address <b>Casey, Maureen</b> <b>100 Wabash Way</b> <b>Apt 31</b> <b>Wheeling, IL 60090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.156	Priority creditor's name and mailing address <b>Casey, Megan</b> <b>7429 W. Estes Ave.</b> <b>Chicago, IL 60631</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.157	Priority creditor's name and mailing address <b>Casiano, Marisol</b> <b>1160 NW 69th Terrace</b> <b>Pompano Beach, FL 33063</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.158	Priority creditor's name and mailing address <b>Casidy, Taylor J.</b> <b>621 E. 2nd Ave</b> <b>Post Falls, ID 83854</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.159	Priority creditor's name and mailing address <b>Cassis, Wilfrid</b> <b>360 NW 189th Terrace</b> <b>Miami, FL 33169</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.160	Priority creditor's name and mailing address <b>Castro Lopez, Brisa</b> <b>2911 Mary Ann Ln Apt 225</b> <b>Bay Point, CA 94565</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.161	Priority creditor's name and mailing address <b>Castro, Yessenia J.</b> <b>312 NW 47th Street</b> <b>Pompano Beach, FL 33064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.162	Priority creditor's name and mailing address <b>Cavanaugh, Carolyn M.</b> <b>10 Madison Ave.</b> <b>Apt. 302</b> <b>Cresskill, NJ 07626</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.163	Priority creditor's name and mailing address <b>Cedres, Michelle</b> <b>222 SW 1st Ave</b> <b>Boynton Beach, FL 33435</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.164	Priority creditor's name and mailing address <b>Chantatte, Ashley</b> <b>13078 Island Breeze Ct.</b> <b>Orlando, FL 32824</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.165	Priority creditor's name and mailing address <b>Chapman, Kathryn E.</b> <b>24 Chase Ave.</b> <b>White Plains, NY 10606</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.166	Priority creditor's name and mailing address <b>Chappell, Nicole</b> <b>118 Skylar Lane</b> <b>Boone, NC 28607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.167	Priority creditor's name and mailing address <b>Charles, Jessica A.</b> <b>6726 Corte Santa Maria</b> <b>Pleasanton, CA 94566</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.168	Priority creditor's name and mailing address <b>Charpia, Kathleen M</b> <b>242 Lazy Acre Look</b> <b>Summerville, SC 29483</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.169	Priority creditor's name and mailing address <b>Chen, Xin</b> <b>76 Fredrick Dr.</b> <b>Monroe, NY 10950</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.170	Priority creditor's name and mailing address <b>Cherenfant, Donald</b> <b>2585 NW 49th Ave.</b> <b>Apt. 103</b> <b>Fort Lauderdale, FL 33313</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.171	Priority creditor's name and mailing address <b>Chester, Crystal</b> <b>4796 Sierra Lane</b> <b>Pompano Beach, FL 33073</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.172	Priority creditor's name and mailing address <b>Cheung, Doris</b> <b>843 Santa Barbara Road</b> <b>Berkeley, CA 94707</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.173	Priority creditor's name and mailing address <b>Chisholm, Tequylia</b> <b>3150 Emogene St.</b> <b>Mobile, AL 36606</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.174	Priority creditor's name and mailing address <b>Chizum, Allison</b> <b>820 N. LaSalle Dr.</b> <b>Chicago, IL 60610</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor <b>IntegraMed America, Inc.</b> Name		Case number (if known) <b>20-11170 (LSS)</b>	
2.175	Priority creditor's name and mailing address <b>Choudhry, Ahsan</b> <b>0-41 Hamlin Ct</b> <b>Fair Lawn, NJ 07410</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.176	Priority creditor's name and mailing address <b>Christensen, Jennifer A.</b> <b>608 W. Howe Street</b> <b>Seattle, WA 98119</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.177	Priority creditor's name and mailing address <b>Christensen, Snow B.</b> <b>1215 Queen Anne Ave N.</b> <b>Apt 5</b> <b>Seattle, WA 98109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.178	Priority creditor's name and mailing address <b>Cianfrocco, Caroline</b> <b>6110 Reese Rd</b> <b>Apt. 204</b> <b>Fort Lauderdale, FL 33314</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.179	Priority creditor's name and mailing address <b>Ciccarello, Cara</b> <b>2518 Canyon Village Circle</b> <b>San Ramon, CA 94583</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.180	Priority creditor's name and mailing address <b>Ciolkosz, Jessica</b> <b>466 Ventana Avenue</b> <b>Tracy, CA 95376</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.181	Priority creditor's name and mailing address <b>Clark, Cecilia</b> <b>10411 Midway Park Drive</b> <b>Unit 15006</b> <b>Charlotte, NC 28277</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.182	Priority creditor's name and mailing address <b>Claussen, Lyn</b> <b>9070 Lincoln St.</b> <b>Apt 204</b> <b>Merrillville, IN 46410</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.183	Priority creditor's name and mailing address <b>Clayborne, Allison</b> <b>1915 Hampton Forest Dr</b> <b>Concord, NC 28027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.184	Priority creditor's name and mailing address <b>Clayton, Heather T.</b> <b>146 Dora Road</b> <b>West Columbia, SC 29170</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.185	Priority creditor's name and mailing address <b>Clinton, Pamela</b> <b>2509 Blemont Lane</b> <b>North Lauderdale, FL 33068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.186	Priority creditor's name and mailing address <b>Clontz, Amy A.</b> <b>249 Patrick Ave SW</b> <b>Concord, NC 28025</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.187	Priority creditor's name and mailing address <b>Cloud, Tameka L.</b> <b>523 Coraona Drive</b> <b>Orlando, FL 32828</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.188	Priority creditor's name and mailing address <b>Cobb, Ciara</b> <b>724 Lafayette St. S</b> <b>Tacoma, WA 98444</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.189	Priority creditor's name and mailing address <b>Coble, Shannon R.</b> <b>1659 SW Crossing Cir</b> <b>Palm City, FL 34990</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.190	Priority creditor's name and mailing address <b>Cola, Helene R.</b> <b>8958 NW 23 Street</b> <b>Pompano Beach, FL 33065</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.191	Priority creditor's name and mailing address <b>Colas, Kimberly</b> <b>14536 NE 1st Ave.</b> <b>Miami, FL 33161</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.192	Priority creditor's name and mailing address <b>Colebourn, Laura R.</b> <b>1399 Carriage Drive</b> <b>Walnut Creek, CA 94598</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.193	Priority creditor's name and mailing address <b>Coleman, Ashley</b> <b>80 E. Margaret Ter</b> <b>Cary, IL 60013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.194	Priority creditor's name and mailing address <b>Collins, Lauren N.</b> <b>832 Harbor Place</b> <b>Charleston, SC 29412</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.195	Priority creditor's name and mailing address <b>Collins, Leigh A</b> <b>9116 23rd Ave NE</b> <b>Seattle, WA 98115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.196	Priority creditor's name and mailing address <b>Connerney, Meghan, K.</b> <b>1824 Falls River Ave</b> <b>Raleigh, NC 27614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.197	Priority creditor's name and mailing address <b>Conrad, Jaimie M.</b> <b>184 Fairfax Avenue</b> <b>Hawthorne, NY 10532</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.198	Priority creditor's name and mailing address <b>Contreras, Ricardo J.</b> <b>2338 River Park Cir</b> <b>No. 1834</b> <b>Orlando, FL 32817</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.199	Priority creditor's name and mailing address <b>Cook, Robin</b> <b>218 S. Blakeley St.</b> <b>Monroe, WA 98272</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.200	Priority creditor's name and mailing address <b>Cooper, Claire E.</b> <b>3616 Greenwood Ave N</b> <b>Apt 2</b> <b>Seattle, WA 98103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.201	Priority creditor's name and mailing address <b>Cooper, Kelsie M.</b> <b>10732 Palatine Ave N 1/2</b> <b>Seattle, WA 98113</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.202	Priority creditor's name and mailing address <b>Corbett, LaTanya R.</b> <b>135 S. 329th Place</b> <b>Apt 34-D</b> <b>Federal Way, WA 98003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.203	Priority creditor's name and mailing address <b>Corbin, Renee</b> <b>8740 NW 5th St</b> <b>Apt 204</b> <b>Plantation, FL 33324</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.204	Priority creditor's name and mailing address <b>Cordero, Elizabeth</b> <b>7424 Covina Court</b> <b>Orlando, FL 32810</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.205	Priority creditor's name and mailing address <b>Cordero, Sharon</b> <b>4290 NW 168th Terr</b> <b>Miami Gardens, FL 33055</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.206	Priority creditor's name and mailing address <b>Corral, Georgina M.</b> <b>354 Springmist Ct</b> <b>Bolingbrook, IL 60440</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.207	Priority creditor's name and mailing address <b>Corral, Omar</b> <b>1448 N. Harding Ave.</b> <b>Chicago, IL 60651</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.208	Priority creditor's name and mailing address <b>Cortes, Kenneth</b> <b>4827 N. Ashland</b> <b>Chicago, IL 60640</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.209	Priority creditor's name and mailing address <b>Cortes, Mariel G.</b> <b>12424 SE 202nd PI</b> <b>Kent, WA 98031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.210	Priority creditor's name and mailing address <b>Cortes, Stephanie</b> <b>9236 Fountleroy Way SW</b> <b>Seattle, WA 98136</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor <b>IntegraMed America, Inc.</b> Name		Case number (if known) <b>20-11170 (LSS)</b>
2.211	<p>Priority creditor's name and mailing address</p> <p><b>Corum, Christina</b> <b>135 Plymouth Ave.</b> <b>Charleston, SC 29412</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown Unknown</b>
2.212	<p>Priority creditor's name and mailing address</p> <p><b>Costello, Katherine</b> <b>2817 NW 91st Ave</b> <b>Apt 102</b> <b>Pompano Beach, FL 33065</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown Unknown</b>
2.213	<p>Priority creditor's name and mailing address</p> <p><b>Cox, Belinda G.</b> <b>262 Green Park Dr</b> <b>Mobile, AL 36695</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown Unknown</b>
2.214	<p>Priority creditor's name and mailing address</p> <p><b>Craig, Lindsay A.</b> <b>2069 41st Ave. East</b> <b>Seattle, WA 98112</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown Unknown</b>

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.215	Priority creditor's name and mailing address <b>Crain, Jack</b> <b>230 South Tryon Street</b> <b>#307</b> <b>Charlotte, NC 28202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.216	Priority creditor's name and mailing address <b>Crane, Lauren K.</b> <b>1018 NE Coco Court</b> <b>Bremerton, WA 98311</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.217	Priority creditor's name and mailing address <b>Crissie, Stephanie L.</b> <b>265 Cold Spring Road</b> <b>Barrington, IL 60010</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.218	Priority creditor's name and mailing address <b>Crocco, Lisa R.</b> <b>515 Lafayette Ln</b> <b>Hoffman Estates, IL 60169</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.219	Priority creditor's name and mailing address <b>Crookston, Lauren E.</b> <b>1815 Shoremead Road</b> <b>Apt 307</b> <b>Mount Pleasant, SC 29464</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.220	Priority creditor's name and mailing address <b>Cruz, Aliuska</b> <b>8980 SW 177 Ter</b> <b>Miami, FL 33157</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.221	Priority creditor's name and mailing address <b>Cudnofskey, Aleina</b> <b>PO Box 2277</b> <b>Lynnwood, WA 98036</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.222	Priority creditor's name and mailing address <b>Cuevas, Tiffany</b> <b>1444 Scarlet Oak Look</b> <b>Winter Garden, FL 34787</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.223	Priority creditor's name and mailing address <b>Cure, Paula A.</b> <b>11600 Northwest 56th Drive #115</b> <b>Pompano Beach, FL 33076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.224	Priority creditor's name and mailing address <b>Curl, Sonya C.</b> <b>3730 204th St SW</b> <b>Apt C202</b> <b>Lynnwood, WA 98036</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.225	Priority creditor's name and mailing address <b>Curley, Lakeysa</b> <b>5732 Hammermill Dr</b> <b>Harrisburg, NC 28075</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.226	Priority creditor's name and mailing address <b>Curtinzupan, Maya</b> <b>9048 15th Ave. NW</b> <b>Seattle, WA 98117</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.227	Priority creditor's name and mailing address <b>Czyz, Julia</b> <b>1851 Hammock Moss Dr</b> <b>Orlando, FL 32820</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.228	Priority creditor's name and mailing address <b>D'Angelo, Stephanie</b> <b>11 Maria Ln</b> <b>Yonkers, NY 10710</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.229	Priority creditor's name and mailing address <b>Dalton, Sally</b> <b>853 Virginia Avenue</b> <b>Mobile, AL 36609</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.230	Priority creditor's name and mailing address <b>Daniel, Tayler</b> <b>5905 W. Corcoran Pl</b> <b>Chicago, IL 60644</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.231	Priority creditor's name and mailing address <b>Daniels, Mary O.</b> <b>3505 Peach Haven Ct.</b> <b>Raleigh, NC 27607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.232	Priority creditor's name and mailing address <b>Das, Devi</b> <b>8220 Ruby Valley Road</b> <b>Charlotte, NC 28277</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.233	Priority creditor's name and mailing address <b>Davey, Rose M.</b> <b>1409 Lake Wheeler Road</b> <b>Raleigh, NC 27603</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.234	Priority creditor's name and mailing address <b>Davidson, Marci</b> <b>1786 SW Cordova Stre</b> <b>Port Saint Lucie, FL 34987</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.235	Priority creditor's name and mailing address <b>Davidson, Marie A.</b> <b>1020 Juniper Terrace</b> <b>Glenview, IL 60025</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.236	Priority creditor's name and mailing address <b>Davidson, Robyn</b> <b>2450 Aurora Ave N.</b> <b>Seattle, WA 98109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.237	Priority creditor's name and mailing address <b>Davis, Carrie L.</b> <b>920 Oval Street</b> <b>Charlotte, NC 28277</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.238	Priority creditor's name and mailing address <b>Davis, Greg A.</b> <b>2149 W. Cullerton</b> <b>Chicago, IL 60608</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.239	Priority creditor's name and mailing address <b>Davis, Kandis</b> <b>25111 Jernigan St.</b> <b>Daphne, AL 36526</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.240	Priority creditor's name and mailing address <b>Davis, Linda M.</b> <b>105 Westmont Way</b> <b>Tyrone, GA 30290</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.241	Priority creditor's name and mailing address <b>Davis, Shantel</b> <b>7291</b> <b>Clem Drive</b> <b>Gurnee, IL 60031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.242	Priority creditor's name and mailing address <b>Dawson, Jennifer L</b> <b>4520 S. Park Ave.</b> <b>Brookfield, IL 60513</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.243	Priority creditor's name and mailing address <b>De Asis, Cristeta U.</b> <b>5645 N. Kimball Ave.</b> <b>Apt 2</b> <b>Chicago, IL 60659</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.244	Priority creditor's name and mailing address <b>De Figueiredo, Carolina</b> <b>610 Gardens Dr</b> <b># 204</b> <b>Pompano Beach, FL 33069</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.245	Priority creditor's name and mailing address <b>De Jesus, Mary-Anne S.</b> <b>255 Tuscany Pointe Ave.</b> <b>Orlando, FL 32807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.246	Priority creditor's name and mailing address <b>de Leon, Roderick N.</b> <b>2770 Alki Ave SW</b> <b>Apt 402</b> <b>Seattle, WA 98116</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor <b>IntegraMed America, Inc.</b> Name	Case number (if known) <b>20-11170 (LSS)</b>		
2.247	Priority creditor's name and mailing address <b>Dean, Melissa</b> <b>16043 Doolin Court</b> <b>Apt 102</b> <b>Charlotte, NC 28273</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.248	Priority creditor's name and mailing address <b>Dean, Sarah</b> <b>6205 Morrison Blvd Apt 726</b> <b>Charlotte, NC 28211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.249	Priority creditor's name and mailing address <b>Deck Morgan M.</b> <b>702 S. 57th St.</b> <b>Tacoma, WA 98408</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.250	Priority creditor's name and mailing address <b>DeGeorge, Nicole</b> <b>14 Hobe St</b> <b>West Nyack, NY 10994</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.251	Priority creditor's name and mailing address <b>Degetos PhD, Susanne</b> <b>107 S. Carlen Street</b> <b>Mobile, AL 36606</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.252	Priority creditor's name and mailing address <b>Del Real, Diana A.</b> <b>1574 Higate Drive</b> <b>San Jose, CA 95122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.253	Priority creditor's name and mailing address <b>Del Toro, Nancy</b> <b>15231 Lawndale Ave.</b> <b>Midlothian, IL 60445</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.254	Priority creditor's name and mailing address <b>Del Valle, Venus</b> <b>1155 N. California Ave.</b> <b>Apt 209</b> <b>Chicago, IL 60622</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.255	Priority creditor's name and mailing address <b>Del Vecchio, Donna L.</b> <b>2002 Kings Way</b> <b>Carmel, NY 10512</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.256	Priority creditor's name and mailing address <b>Delgado, Caridad</b> <b>1890 Beachview</b> <b>Hampshire, IL 60140</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.257	Priority creditor's name and mailing address <b>Delgado, Elizabeth</b> <b>2444 W. Diversey</b> <b>Chicago, IL 60647</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.258	Priority creditor's name and mailing address <b>Delluso, Kristy</b> <b>2401 Condor Court</b> <b>Raleigh, NC 27615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor <b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known) <b>20-11170 (LSS)</b>		
2.259	Priority creditor's name and mailing address <b>Depina, Simone</b> <b>4200 Community Dr</b> <b>Apt 2010</b> <b>West Palm Beach, FL 33409</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.260	Priority creditor's name and mailing address <b>Deptula, Susan R.</b> <b>11933 SW 11th Court</b> <b>Davie, FL 33325</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.261	Priority creditor's name and mailing address <b>Diaz, Cecilia</b> <b>5328 W. 23rd Place</b> <b>Cicero, IL 60804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.262	Priority creditor's name and mailing address <b>Diaz, Edessa</b> <b>1409 Derby Street</b> <b>Berkeley, CA 94702</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.263	Priority creditor's name and mailing address <b>Diaz, Sandra L.</b> <b>701 W. Navajo St.</b> <b>Round Lake, IL 60073</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.264	Priority creditor's name and mailing address <b>Dietz Jr., Francis R.</b> <b>202 Archilles Way</b> <b>Attleboro Falls, MA 02763</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.265	Priority creditor's name and mailing address <b>DiFronzo, Francesco</b> <b>3055 N. Octavia</b> <b>Elmwood Park, IL 60707</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.266	Priority creditor's name and mailing address <b>Dilone, Raquel</b> <b>3065 Dogwood Lane</b> <b>Margate, FL 33063</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.267	Priority creditor's name and mailing address <b>Dirkes, Melissa O.</b> <b>3212 Thistle Hill Dr.</b> <b>Winter Park, FL 32792</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.268	Priority creditor's name and mailing address <b>Dixon, Veronica E.</b> <b>18172 SW 25 St.</b> <b>Miramar, FL 33029</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.269	Priority creditor's name and mailing address <b>DMarco, Rory</b> <b>21854 Beryl Drive</b> <b>Palo Cedro, CA 96073</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.270	Priority creditor's name and mailing address <b>Dock, Daquan</b> <b>4342 Auburn Hills Drive</b> <b>Raleigh, NC 27616</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.271	Priority creditor's name and mailing address <b>Dockery, Brandy E.</b> <b>7321 Pebblestone Dr.</b> <b>Apt B</b> <b>Charlotte, NC 28212</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.272	Priority creditor's name and mailing address <b>Domingue, Amber N.</b> <b>1018 Steven Dr</b> <b>Pittsburg, CA 94565</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.273	Priority creditor's name and mailing address <b>Donaldson, Latoya</b> <b>5365 S. Juniper Street</b> <b>Seattle, WA 98178</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.274	Priority creditor's name and mailing address <b>Donnell, Rachel A.</b> <b>1711 East Olive Way</b> <b>#311</b> <b>Seattle, WA 98102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.275	Priority creditor's name and mailing address <b>Donovan, Michelle</b> <b>437 W. Aldine Ave.</b> <b>Unit 21</b> <b>Chicago, IL 60657</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.276	Priority creditor's name and mailing address <b>Dorado, Martha E.</b> <b>117 Montana Drive</b> <b>Danville, CA 94526</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.277	Priority creditor's name and mailing address <b>Driver, Torria J.</b> <b>7250 N. Oakley</b> <b>Chicago, IL 60645</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.278	Priority creditor's name and mailing address <b>DuBeau, Carey A.</b> <b>1674 Hickory Park Ln</b> <b>Aurora, IL 60504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.279	Priority creditor's name and mailing address <b>Duch, Stephanie G.</b> <b>2104 Millwall Drive</b> <b>McKinney, TX 75071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.280	Priority creditor's name and mailing address <b>Duenas, Lena</b> <b>213 Ocean Breeze Street</b> <b>Lake Worth, FL 33460</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.281	Priority creditor's name and mailing address <b>Duffie, Heidi C.</b> <b>6926 30th Ave</b> <b>Kenosha, WI 53142</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.282	Priority creditor's name and mailing address <b>Duke, Michelle A.</b> <b>2035 Nimitz Dr.</b> <b>Des Plaines, IL 60018</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.283	Priority creditor's name and mailing address <b>Dulevich, Mirlena</b> <b>204 Sunstone Dr.</b> <b>Cary, NC 27519</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.284	Priority creditor's name and mailing address <b>Dupuis, Rockwoman</b> <b>3013 Bayview Dr.</b> <b>Alameda, CA 94501</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.285	Priority creditor's name and mailing address <b>Dwyer, Sarah</b> <b>5 Dunwick Ct.</b> <b>Barrington, IL 60010</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.286	Priority creditor's name and mailing address <b>Dyer, McKenna C.</b> <b>802 Runaway Bay Lane</b> <b>Unite D</b> <b>Mount Pleasant, SC 29464</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)	20-11170 (LSS)	
<b>IntegraMed America, Inc.</b> Name			
2.287 Priority creditor's name and mailing address <b>Dziedzic, Elizabeth A.</b> <b>1087 Carswell Ave.</b> <b>Elk Grove Village, IL 60007</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.288 Priority creditor's name and mailing address <b>Earnest, Ashley</b> <b>1900 Jake Street</b> <b>Apt. 209</b> <b>Orlando, FL 32814</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.289 Priority creditor's name and mailing address <b>Eberhardt, Travis</b> <b>1 Landmark Drive</b> <b>#166</b> <b>Cornwall, NY 12518</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.290 Priority creditor's name and mailing address <b>Echevarria, Aime M.</b> <b>4911 W Sample Rd</b> <b>Apt 411</b> <b>Coconut Creek, FL 33073</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.291	Priority creditor's name and mailing address <b>Edwards, Tiffany</b> <b>555 West Cornelia Ave.</b> <b>Unit 101</b> <b>Chicago, IL 60657</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.292	Priority creditor's name and mailing address <b>Elie, Diane</b> <b>8140 SW 24th Street</b> <b>Apt. 110</b> <b>North Lauderdale, FL 33068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.293	Priority creditor's name and mailing address <b>Elizondo, Marlen</b> <b>10500 Pippin St.</b> <b>Oakland, CA 94603</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.294	Priority creditor's name and mailing address <b>Eller, Laura</b> <b>11281 NW 1st Ct</b> <b>Coral Springs, FL 33071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.295	Priority creditor's name and mailing address <b>Ellett, Brittany L.</b> <b>32420 2nd Avenue</b> <b>Black Diamond, WA 98010</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.296	Priority creditor's name and mailing address <b>Elnar, Evelyn</b> <b>2218 Golf Club Road</b> <b>Pittsburg, CA 94565</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.297	Priority creditor's name and mailing address <b>Emanuel, Alexa M.</b> <b>1156 Cherry St.</b> <b>Winnetka, IL 60093</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.298	Priority creditor's name and mailing address <b>Engelhart, Lauren T.</b> <b>979 Longtown Rd</b> <b>Lugoff, SC 29078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.299	Priority creditor's name and mailing address <b>Erbs, Jacki</b> <b>4285 Sw 152nd Ave.</b> <b>Miramar, FL 33027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.300	Priority creditor's name and mailing address <b>Erickson, Victoria R.</b> <b>1355 N. Mohawk St.</b> <b>2N</b> <b>Chicago, IL 60610</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.301	Priority creditor's name and mailing address <b>Escalante, Jennifer</b> <b>2627 Mattison Ln.</b> <b>SPC#6</b> <b>Santa Cruz, CA 95062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.302	Priority creditor's name and mailing address <b>Escobar, Annette E.</b> <b>1369 Groton Ln</b> <b>Wheaton, IL 60189</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.303	Priority creditor's name and mailing address <b>Escobar, Wendy</b> <b>10801 SW 109 Ct</b> <b>Apt 110D</b> <b>Miami, FL 33176</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.304	Priority creditor's name and mailing address <b>Estrada-Nin, Francia</b> <b>455 Tamarind Parke Ln</b> <b>Kissimmee, FL 34758</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.305	Priority creditor's name and mailing address <b>Estrellas, Melchor A.</b> <b>566 Heritage Circle</b> <b>San Lorenzo, CA 94580</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.306	Priority creditor's name and mailing address <b>Etzy, Ivana</b> <b>8142 South Peoria</b> <b>Chicago, IL 60620</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.307	Priority creditor's name and mailing address <b>Evans, Allison D.</b> <b>16122 E. Valleyway Ave</b> <b>Apt B106</b> <b>Veradale, WA 99037</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.308	Priority creditor's name and mailing address <b>Evans, Amy</b> <b>1235 Lawrence Ave.</b> <b>Deltona, FL 32725</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.309	Priority creditor's name and mailing address <b>Fagerlie, Kelley J.</b> <b>2608 S. 353rd Street</b> <b>Federal Way, WA 98003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.310	Priority creditor's name and mailing address <b>Fairbanks, Danielle</b> <b>726 Summit Ln</b> <b>Vernon Hills, IL 60061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.311	Priority creditor's name and mailing address <b>Fairbanks, Danielle</b> <b>726 Summit Ln</b> <b>Vernon Hills, IL 60061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.312	Priority creditor's name and mailing address <b>Fairchild, Julie</b> <b>801 Spring Street</b> <b>Apt 2-1412</b> <b>Seattle, WA 98104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.313	Priority creditor's name and mailing address <b>Falcon, Barbara A.</b> <b>3011 Candela Grove Dr.</b> <b>Charleston, SC 29414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.314	Priority creditor's name and mailing address <b>Farad, Nazia</b> <b>586 Jefferson Street</b> <b>Hayward, CA 94544</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.315	Priority creditor's name and mailing address <b>Faustino, Erika</b> <b>2904 Belmont Lane</b> <b>Cooper City, FL 33026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.316	Priority creditor's name and mailing address <b>Feeley, Shannon</b> <b>5s564 Kirk Pl</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.317	Priority creditor's name and mailing address <b>Ferger George, Nicole J.</b> <b>3636 Evanston Ave N</b> <b>Apt 15</b> <b>Seattle, WA 98103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.318	Priority creditor's name and mailing address <b>Fette, Caitlin</b> <b>1415 W. Barry Ave.</b> <b>Unit 2</b> <b>Chicago, IL 60657</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.319	Priority creditor's name and mailing address <b>Field, Susan</b> <b>810 Lakeview Dr</b> <b>Pineville, NC 28134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.320	Priority creditor's name and mailing address <b>Figler, Salli E.</b> <b>15 The Glen</b> <b>Pleasantville, NY 10570</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.321	Priority creditor's name and mailing address <b>Figueroa, Diana</b> <b>16211 W. Pope Blvd.</b> <b>Lincolnshire, IL 60069-9000</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.322	Priority creditor's name and mailing address <b>Figueroa, Luis A.</b> <b>8729 W. Summerdale Ave.</b> <b>Chicago, IL 60656</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.323	Priority creditor's name and mailing address <b>Figueroa, Madeline</b> <b>8729 W. Summerdale Ave.</b> <b>Chicago, IL 60656</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.324	Priority creditor's name and mailing address <b>Filipello, Alesha N.</b> <b>6618 Lumberjack Ln</b> <b>Ocoee, FL 34761</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.325	Priority creditor's name and mailing address <b>Finch, Sarah</b> <b>2885 Garden Ave.</b> <b>Concord, CA 94520</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.326	Priority creditor's name and mailing address <b>Finh, Melinda L.</b> <b>5301 Talbot Road S</b> <b>Apt AA101</b> <b>Renton, WA 98055</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.327	Priority creditor's name and mailing address <b>Finno, Trisha M.</b> <b>3207 SW Bessey Creek Trail</b> <b>Palm City, FL 34990</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.328	Priority creditor's name and mailing address <b>Fisher Stephanie L.</b> <b>414 NW 44th Street</b> <b>Seattle, WA 98107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.329	Priority creditor's name and mailing address <b>Fisher, Meredith</b> <b>1545 Green St</b> <b>Apt 104</b> <b>San Francisco, CA 94123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.330	Priority creditor's name and mailing address <b>Fitzpatrick, Suzanne M.</b> <b>456 Dover Drive</b> <b>Des Plaines, IL 60018</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.331	Priority creditor's name and mailing address <b>Fitzsimmons, Brianna N.</b> <b>7152 Shinkle PL SW</b> <b>Seattle, WA 98106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.332	Priority creditor's name and mailing address <b>Fletcher, Caroline</b> <b>10156 NE 113th Place</b> <b>Kirkland, WA 98033</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.333	Priority creditor's name and mailing address <b>Flores, Eunice</b> <b>442 Ridge Road</b> <b>Wilmette, IL 60091</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.334	Priority creditor's name and mailing address <b>Flores, Maira Y.</b> <b>1919 Players Place</b> <b>North Lauderdale, FL 33068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.335	Priority creditor's name and mailing address <b>Florida Department of Revenue</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Taxing authority</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.336	Priority creditor's name and mailing address <b>Flosi, Mary Anne</b> <b>25120 Crawford Ave.</b> <b>Antioch, IL 60002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.337	Priority creditor's name and mailing address <b>Floyd, Courtney S.</b> <b>4021 Babbitt St.</b> <b>Charleston, SC 29414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.338	Priority creditor's name and mailing address <b>Foerster, Amy</b> <b>8403 Galena View Drive</b> <b>Charlotte, NC 28269</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.339	Priority creditor's name and mailing address <b>Ford, Katherine</b> <b>230 Balfour Dr</b> <b>Winter Springs, FL 32708</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.340	Priority creditor's name and mailing address <b>Ford, Katesha</b> <b>167 Mountain Laurel Court</b> <b>Romeoville, IL 60446</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.341	Priority creditor's name and mailing address <b>Formo, Gail A.</b> <b>5810 N. Del Rey Drive</b> <b>Otis Orchards, WA 99027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.342	Priority creditor's name and mailing address <b>Forrest, Ashley L.</b> <b>5420 Earle Road</b> <b>Raleigh, NC 27606</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.343	Priority creditor's name and mailing address <b>Fortunato, Pamela S.</b> <b>816 Dundee Dr.</b> <b>Winter Springs, FL 32708</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.344	Priority creditor's name and mailing address <b>Fouts, Kathryn K.</b> <b>4915 NW 116 Av.</b> <b>Coral Springs, FL 33076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.345	Priority creditor's name and mailing address <b>Frankel, Donna-Marie</b> <b>1417 NE 120th St.</b> <b>Seattle, WA 98125</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.346	Priority creditor's name and mailing address <b>Frappier, Jacklyn A.</b> <b>3041 Park West Blvd.</b> <b>Mount Pleasant, SC 29466</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.347	Priority creditor's name and mailing address <b>Frazier-Williams, Dorinda</b> <b>836 Aspenwood Cir</b> <b>Kissimmee, FL 34743</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.348	Priority creditor's name and mailing address <b>Freeman, Robin A.</b> <b>9130 Solstice Circle</b> <b>Parkland, FL 33076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.349	Priority creditor's name and mailing address <b>French, Catherine A.</b> <b>2314 S. Cypress Bend Drive</b> <b>Unit 213</b> <b>Pompano Beach, FL 33069</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.350	Priority creditor's name and mailing address <b>Friedman, Talia</b> <b>4798 NW 5th Ave</b> <b>Boca Raton, FL 33431</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.351	Priority creditor's name and mailing address <b>Fuchs, Melissa M.</b> <b>28121 136th Ave SE</b> <b>Kent, WA 98042</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.352	Priority creditor's name and mailing address <b>Fuglewicz, Agnes M.</b> <b>17041 Deerpath Rd.</b> <b>Bensenville, IL 60106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.353	Priority creditor's name and mailing address <b>Funk, Colleen A.</b> <b>9446 Welsh Lance</b> <b>Huntley, IL 60142</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.354	Priority creditor's name and mailing address <b>Gallo, Lynnette</b> <b>10115 Greenwood Ave N.</b> <b>Box M197</b> <b>Seattle, WA 98133</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.355	Priority creditor's name and mailing address <b>Gallucci, Rose</b> <b>4552 N. Maria Ct</b> <b>Apt. 2</b> <b>Chicago, IL 60656</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.356	Priority creditor's name and mailing address <b>Gangrade, Bhushan K.</b> <b>536 Serenity Place</b> <b>Lake Mary, FL 32746</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.357	Priority creditor's name and mailing address <b>Gao, Xinxing</b> <b>885 NW 7th St</b> <b>Boca Raton, FL 33486</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.358	Priority creditor's name and mailing address <b>Garcia, Estela</b> <b>2534 S. 59th Ave.</b> <b>Cicero, IL 60804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.359	Priority creditor's name and mailing address <b>Garcia, Liselle</b> <b>5000 W. Fitch</b> <b>Skokie, IL 60077</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.360	Priority creditor's name and mailing address <b>Garcia, Selena</b> <b>2534 S. 59th Ave.</b> <b>Cicero, IL 60804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.361	Priority creditor's name and mailing address <b>Garcia, Yamilka</b> <b>2121 Village Lake Dr</b> <b>Apt 221</b> <b>Charlotte, NC 28212</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.362	Priority creditor's name and mailing address <b>Garcia, Yasmin</b> <b>2534 S. 59th Ave.</b> <b>Cicero, IL 60804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.363	Priority creditor's name and mailing address <b>Garland, Denise</b> <b>1732 143rd Ave</b> <b>San Leandro, CA 94578</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.364	Priority creditor's name and mailing address <b>Garofolo, Amber N.</b> <b>2114 SW 72nd Ave</b> <b>Davie, FL 33317</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.365	Priority creditor's name and mailing address <b>Garton, Rachael</b> <b>4216 Arbor Gates Dr. NE</b> <b>Atlanta, GA 30324</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.366	Priority creditor's name and mailing address <b>Gary, Whitney H.</b> <b>109 Indigo March Cir</b> <b>Charleston, SC 29492</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.367	Priority creditor's name and mailing address <b>Gatgounis, Kristen B.</b> <b>PO Box 1365</b> <b>Folly Beach, SC 29439</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.368	Priority creditor's name and mailing address <b>Gebhardt, Donna C</b> <b>6215 Stonecastle Lane</b> <b>Crystal Lake, IL 60014</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.369	Priority creditor's name and mailing address <b>Gecaite, Gabriele</b> <b>15505 Twin Lakes Drive</b> <b>Homer Glen, IL 60491</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.370	Priority creditor's name and mailing address <b>Gee, Jennifer</b> <b>3581 Rosincrest Drive</b> <b>San Ramon, CA 94583</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.371	Priority creditor's name and mailing address <b>Gellond, Maren D.</b> <b>704 Allentree Ln</b> <b>Deerfield, IL 60015</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.372	Priority creditor's name and mailing address <b>Gentile, Sarah</b> <b>801 Thistledown Dr</b> <b>Rock Hill, SC 29730</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.373	Priority creditor's name and mailing address <b>Gernady, Peggy H.</b> <b>6642 N. Keota</b> <b>Chicago, IL 60646</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.374	Priority creditor's name and mailing address <b>Gesbocker, Karen</b> <b>1512 Kettleson Dr.</b> <b>Minooka, IL 60447</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.375	Priority creditor's name and mailing address <b>Ghaemialehashemi, Seyedrocknaldin 34 Tower Ln Shelton, CT 06484</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.376	Priority creditor's name and mailing address <b>Gil, Gizelle 15801 NW 15th Court Pembroke Pines, FL 33028</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.377	Priority creditor's name and mailing address <b>Gil, Rainier A. 6500 Singletary Church Road Lumberton, NC 28358</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.378	Priority creditor's name and mailing address <b>Gilbert, Shelbi L. 6024 Sunberry Circle Boynton Beach, FL 33437</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.379	Priority creditor's name and mailing address <b>Gildersleeve, Emily</b> <b>53 Rock Maple Road</b> <b>Greenwich, CT 06830</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.380	Priority creditor's name and mailing address <b>Giorno, Carrie</b> <b>55 Myrtle Ave</b> <b>Mahopac, NY 10541</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.381	Priority creditor's name and mailing address <b>Giovanni8228 Agatiteelli, Robin E.</b>  <b>Harwood Heights, IL 60706</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.382	Priority creditor's name and mailing address <b>Glatzl, David</b> <b>156 Bennett Avenue</b> <b>Yonkers, NY 10701</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.383	Priority creditor's name and mailing address <b>Glick, Sarah</b> <b>1009 NW 83rd Drive</b> <b>Coral Springs, FL 33071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.384	Priority creditor's name and mailing address <b>Gluskin, Tatyana</b> <b>3001 S Ocean Dr</b> <b>Apt 1003</b> <b>Hollywood, FL 33019</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.385	Priority creditor's name and mailing address <b>Gokhman, Melissa</b> <b>628 Sycamore Road</b> <b>Buffalo Grove, IL 60089</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.386	Priority creditor's name and mailing address <b>Gomez, Anyismel</b> <b>6340 SW 3rd St</b> <b>Margate, FL 33068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.387	Priority creditor's name and mailing address <b>Gomez, Lorena</b> <b>4943 Eureka Mine Ct.</b> <b>Antioch, CA 94531</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.388	Priority creditor's name and mailing address <b>Gonzales, Alannah C.</b> <b>1060 Continentals Way</b> <b>Apt 415</b> <b>Belmont, CA 94002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.389	Priority creditor's name and mailing address <b>Gonzalez, Norma J.</b> <b>6105 County Road 547 North</b> <b>Davenport, FL 33837</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.390	Priority creditor's name and mailing address <b>Gooding, Selena S.</b> <b>2734 Commonwealth Av</b> <b>Apt #3</b> <b>Charlotte, NC 28205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.391	Priority creditor's name and mailing address <b>Goorbarry, Jennifer</b> <b>6031 Serene Run</b> <b>Lake Worth, FL 33467</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.392	Priority creditor's name and mailing address <b>Gordon, Barbara</b> <b>2646 Emma Drive</b> <b>Pinole, CA 94564</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.393	Priority creditor's name and mailing address <b>Gordon, Lillian E.</b> <b>93 Reservoir Road</b> <b>Los Gatos, CA 95030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.394	Priority creditor's name and mailing address <b>Grady, Annette R.</b> <b>809 Pinemont</b> <b>Mobile, AL 36609</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.395	Priority creditor's name and mailing address <b>Grass, Leila R.</b> <b>248 Thatch Palm Drive</b> <b>Boca Raton, FL 33432</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.396	Priority creditor's name and mailing address <b>Grasyuk, Marina</b> <b>519 Ridgewood Lane</b> <b>Buffalo Grove, IL 60089</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.397	Priority creditor's name and mailing address <b>Gray, Jeffrey</b> <b>369 Turnstone Dr.</b> <b>Mount Pleasant, SC 29464</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.398	Priority creditor's name and mailing address <b>Graziani, Isabella V.</b> <b>14512 147th Ave E.</b> <b>Orting, WA 98360</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)		
<b>IntegraMed America, Inc.</b>	<b>20-11170 (LSS)</b>		
<b>2.399</b> Priority creditor's name and mailing address <b>Green, Breanna R.</b> <b>8212 20th Ave E.</b> <b>Tacoma, WA 98404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.400</b> Priority creditor's name and mailing address <b>Gregory, Monique</b> <b>6 Panoramic Drive</b> <b>Valley Cottage, NY 10989</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.401</b> Priority creditor's name and mailing address <b>Gregory, Patricia</b> <b>1316 South Beach Cir</b> <b>Kissimmee, FL 34746</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.402</b> Priority creditor's name and mailing address <b>Grey, Stephanie</b> <b>7620 Dovecote Drive</b> <b>Orlando, FL 32810</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.403	Priority creditor's name and mailing address <b>Groh, Christenia</b> <b>3120 SW Captiva Ct</b> <b>Palm City, FL 34990</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.404	Priority creditor's name and mailing address <b>Gryniv, Paula M.</b> <b>267 Earlington Ave SW</b> <b>Renton, WA 98057</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.405	Priority creditor's name and mailing address <b>Guadagno, Laura</b> <b>1205 Chimney Hill Dr.</b> <b>Apex, NC 27502</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.406	Priority creditor's name and mailing address <b>Guevara Perez, Nadia Z.</b> <b>14048 144th Ave. SE</b> <b>Renton, WA 98059</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.407	Priority creditor's name and mailing address <b>Gushchina, Natalia</b> <b>184 Tyler Ct.</b> <b>Lake Zurich, IL 60047</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.408	Priority creditor's name and mailing address <b>Guthrie, Marcie E.</b> <b>7332 Jones Ave NW</b> <b>Seattle, WA 98117</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.409	Priority creditor's name and mailing address <b>Gutic, Andrea</b> <b>3806 San Simeon Circle</b> <b>Weston, FL 33331</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.410	Priority creditor's name and mailing address <b>Gutierrez, Christina M.</b> <b>7448 W. Winnemac Ave.</b> <b>Harwood Heights, IL 60706</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.411	Priority creditor's name and mailing address <b>Gutnik, Ania</b> <b>942 Boxwood Dr</b> <b>Unit B</b> <b>Mount Prospect, IL 60056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.412	Priority creditor's name and mailing address <b>Gutow, Jessica</b> <b>7526 N.Olcott Ave.</b> <b>Chicago, IL 60631</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.413	Priority creditor's name and mailing address <b>Guyon, Suzanne G.</b> <b>1725 Clovis Ave.</b> <b>San Jose, CA 95124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.414	Priority creditor's name and mailing address <b>Haile, Elsabet H.</b> <b>6303 220th PL SW</b> <b>Mountlake Terrace, WA 98043</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.415	Priority creditor's name and mailing address <b>Hakimi, Marni</b> <b>2775 Grace Road</b> <b>Northbrook, IL 60062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.416	Priority creditor's name and mailing address <b>Halberg, Stephanie</b> <b>949 W. Madison St.</b> <b>Apt 604</b> <b>Chicago, IL 60607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.417	Priority creditor's name and mailing address <b>Hall, Andrea W.</b> <b>709 Fox Pond Drive</b> <b>Mount Pleasant, SC 29464</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.418	Priority creditor's name and mailing address <b>Hall, Brittney</b> <b>3883 NW 163rd Street</b> <b>Miami Gardens, FL 33054</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.419	Priority creditor's name and mailing address <b>Hall, Elizabeth F.</b> <b>5015 2nd St</b> <b>Rocklin, CA 95677</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.420	Priority creditor's name and mailing address <b>Hall, Eylin S.</b> <b>17411 SW 12th St.</b> <b>Pembroke Pines, FL 33029</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.421	Priority creditor's name and mailing address <b>Hall, Kimberly</b> <b>353 Solano Ave.</b> <b>Hayward, CA 94541</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.422	Priority creditor's name and mailing address <b>Hall, Linnea E.</b> <b>4992 32nd Street NE</b> <b>Tacoma, WA 98422</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.423	Priority creditor's name and mailing address <b>Hallas, Grace E.</b> <b>15401 70th Ave SE</b> <b>Snohomish, WA 98296</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.424	Priority creditor's name and mailing address <b>Halverson, Reebecca L.</b> <b>4607 NE 97th Street</b> <b>Seattle, WA 98115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.425	Priority creditor's name and mailing address <b>Hamilton, Dionne M.</b> <b>1791 Halfmoon St. NW</b> <b>Palm Bay, FL 32907</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.426	Priority creditor's name and mailing address <b>Hammett, Beth E.</b> <b>17112 Courtside Landing Dr</b> <b>Cornelius, NC 28031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.427	Priority creditor's name and mailing address <b>Hampton, Kenya L.</b> <b>7018 South 12th Street</b> <b>Apt. 2808</b> <b>Tacoma, WA 98465</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.428	Priority creditor's name and mailing address <b>Hanna, Rita</b> <b>926 Keystone Ave.</b> <b>Northbrook, IL 60062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.429	Priority creditor's name and mailing address <b>Hanna, Sara N.</b> <b>926 Keystone Ave.</b> <b>Northbrook, IL 60062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.430	Priority creditor's name and mailing address <b>Harkins, Caroline D.</b> <b>9444 SE 52nd Street</b> <b>Mercer Island, WA 98040</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.431	Priority creditor's name and mailing address <b>Harmon, Chimere</b> <b>8339 S. Hermitage Ave.</b> <b>Chicago, IL 60620</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.432	Priority creditor's name and mailing address <b>Harmon, Chimere</b> <b>8339 S. Hermitage</b> <b>Chicago, IL 60620</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.433	Priority creditor's name and mailing address <b>Harrell, Stephanie H.</b> <b>6177 Waters Edge Dr</b> <b>Midland, NC 28107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.434	Priority creditor's name and mailing address <b>Hart, Jennifer L.</b> <b>1630 228th St. SE</b> <b>Apartment A-1</b> <b>Bothell, WA 98021</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.435	Priority creditor's name and mailing address <b>Harvey, Markayla</b> <b>9031 S. Hosmer St TH16</b> <b>Tacoma, WA 98444</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.436	Priority creditor's name and mailing address <b>Hatchell, Dawn A.</b> <b>470 Sanders Farm Ln</b> <b>Charleston, SC 29492</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.437	Priority creditor's name and mailing address <b>Hatheway, Susan A.</b> <b>162 La Questa Dr.</b> <b>Danville, CA 94526</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.438	Priority creditor's name and mailing address <b>Hathron, Carla M.</b> <b>6449 Overlook Road</b> <b>Mobile, AL 36618</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.439	Priority creditor's name and mailing address <b>Hayes, Shelpa S.</b> <b>2175 Schillinger Rd. S.</b> <b>Apt. 1</b> <b>Mobile, AL 36695</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.440	Priority creditor's name and mailing address <b>Heard, Kacey</b> <b>4870 Moorpark Ave</b> <b>San Jose, CA 95129</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.441	Priority creditor's name and mailing address <b>Heavey, Christi M.</b> <b>4063 West Lakeshore Drive</b> <b>San Ramon, CA 94582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.442	Priority creditor's name and mailing address <b>Heffernan, Cristy, L</b> <b>62 Sylvan Rd.</b> <b>Port Chester, NY 10573</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.443	Priority creditor's name and mailing address <b>Heidl, Nichole M.</b> <b>1064 W 109th Street</b> <b>Chicago, IL 60643</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.444	Priority creditor's name and mailing address <b>Heinrichs, Christopher J.</b> <b>2045 Fostoria Cir</b> <b>Danville, CA 94526</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.445	Priority creditor's name and mailing address <b>Henderson, Clara</b> <b>404 N Laurel Ave</b> <b>Apt 13</b> <b>Charlotte, NC 28204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.446	Priority creditor's name and mailing address <b>Henderson, Shawna</b> <b>5723 80th Street NE</b> <b>Marysville, WA 98270</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.447	Priority creditor's name and mailing address <b>Hennessey, Molly J.</b> <b>115 W. Olympic PL</b> <b>Apt D10</b> <b>Seattle, WA 98119</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.448	Priority creditor's name and mailing address <b>Heredia Morales, Leslie V.</b> <b>13421 NE 133rd St #17C</b> <b>Kirkland, WA 98034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.449	Priority creditor's name and mailing address <b>Hernandez, Kesia J.</b> <b>3022 Lynde Street</b> <b>Oakland, CA 94601</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.450	Priority creditor's name and mailing address <b>Hernandez, Maria L.</b> <b>1050 NW 68TH TER</b> <b>Margate, FL 33063</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.451	Priority creditor's name and mailing address <b>Hernandez, Miriam</b> <b>7371 SW 1st Street</b> <b>Margate, FL 33068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.452	Priority creditor's name and mailing address <b>Hernandez, Stephany A.</b> <b>25452 SW 129 Ct</b> <b>Homestead, FL 33032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.453	Priority creditor's name and mailing address <b>Herrman, Jenna M.</b> <b>18010 128th Place SE</b> <b>Snohomish, WA 98290</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.454	Priority creditor's name and mailing address <b>Herrmann, Rachel S.</b> <b>8522 Mary Ave NW</b> <b>Seattle, WA 98117</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.455	Priority creditor's name and mailing address <b>Hermes, Paige M.</b> <b>2441 76th Ave SE</b> <b>Apt. 424</b> <b>Mercer Island, WA 98040</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.456	Priority creditor's name and mailing address <b>Herron, Michele</b> <b>3681 Mallard Court</b> <b>Antioch, CA 94509</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.457	Priority creditor's name and mailing address <b>Herron, Michele</b> <b>3681 Mallard Court</b> <b>ME 04509</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.458	Priority creditor's name and mailing address <b>Hertzer, Janet M.</b> <b>345 Montecillo Drive</b> <b>Walnut Creek, CA 94595</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.459	Priority creditor's name and mailing address <b>Hertzer, Janet M.</b> <b>345 Montecillo Drive</b> <b>Walnut Creek, CA 94595</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.460	Priority creditor's name and mailing address <b>Hesser, Lori A.</b> <b>2942 Peachtree Cir</b> <b>Summit Argo, IL 60501</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.461	Priority creditor's name and mailing address <b>Hewitt, Whitney</b> <b>2614 Peebles Lane</b> <b>Charlotte, NC 28278</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.462	Priority creditor's name and mailing address <b>Heymers, Lisa S.</b> <b>8150 West McNab Rd</b> <b>Unit 123</b> <b>Tamarac, FL 33321</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.463	Priority creditor's name and mailing address <b>Hibray, Christopher W.</b> <b>11048 35th Ave NE</b> <b>Seattle, WA 98125</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.464	Priority creditor's name and mailing address <b>Hickman, David</b> <b>1212 Chimne Top Drive E</b> <b>Mobile, AL 36695</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.465	Priority creditor's name and mailing address <b>Hilaire, Lovely</b> <b>20 Heather Cove Dr</b> <b>Boynton Beach, FL 33436</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.466	Priority creditor's name and mailing address <b>Hines, Beth M.</b> <b>431 NW 100th PL</b> <b>Apt. 308</b> <b>Seattle, WA 98177</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.467	Priority creditor's name and mailing address <b>Hodes, Megan A.</b> <b>15303 84 Ave North</b> <b>Palm Beach Gardens, FL 33418</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.468	Priority creditor's name and mailing address <b>Hoenig, Lauren E.</b> <b>3401 25th Ave W</b> <b>Apt G320</b> <b>Seattle, WA 98199</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.469	Priority creditor's name and mailing address <b>Holcomb, Krystle M.</b> <b>17228 428th Place SE</b> <b>North Bend, WA 98045</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.470	Priority creditor's name and mailing address <b>Holder, Elizabeth P.</b> <b>140 Augusta Court</b> <b>Greenville, SC 29605</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.471	Priority creditor's name and mailing address <b>Holloway, Amanda N.</b> <b>7 Clark Place</b> <b>Tacoma, WA 98409</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.472	Priority creditor's name and mailing address <b>Holt, Taylor L.</b> <b>905 Kenilworth Ave</b> <b>Charlotte, NC 28204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.473	Priority creditor's name and mailing address <b>Holtzman, Andrea</b> <b>4843 S. Classical Bl</b> <b>Trace Circle</b> <b>Delray Beach, FL 33445</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.474	Priority creditor's name and mailing address <b>Hooey, Diane S.</b> <b>6406 Breckenridge Dr.</b> <b>Plainfield, IL 60586</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.475	Priority creditor's name and mailing address <b>Hook, Leslie B.</b> <b>2008 Warm Springs Road</b> <b>PO Box 6146</b> <b>Ketchum, ID 83340</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.476	Priority creditor's name and mailing address <b>Hornby, Erica</b> <b>7814 E. Woodview Drive</b> <b>Spokane, WA 99212</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.477	Priority creditor's name and mailing address <b>Hornig, Krista</b> <b>350 Kelsey Blvd</b> <b>Charleston, SC 29492</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.478	Priority creditor's name and mailing address <b>Houston, DevRonne M.</b> <b>7046 MacArthur Blvd</b> <b>Oakland, CA 94605</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.479	Priority creditor's name and mailing address <b>Houston, DevRonne M.</b> <b>7046 MacArthur Blvd</b> <b>Oakland, CA 94605</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.480	Priority creditor's name and mailing address <b>Hovda, Cristina</b> <b>6620 77th Ave CT NW</b> <b>Gig Harbor, WA 98335</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.481	Priority creditor's name and mailing address <b>Howard, Theresa G.</b> <b>29781 SW ALLEN STREET</b> <b>Okeechobee, FL 34974</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.482	Priority creditor's name and mailing address <b>Howard-Campbell, Kendyl</b> <b>560 Chula Woods. Ct</b> <b>Oviedo, FL 32766</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.483	Priority creditor's name and mailing address <b>Huang, Hui</b> <b>4625 229th PI SE</b> <b>Sammamish, WA 98075</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.484	Priority creditor's name and mailing address <b>Hubregsen, Meg S.</b> <b>1126 Rock Haven Drive</b> <b>Charlotte, NC 28216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.485	Priority creditor's name and mailing address <b>Huddleston, Kaitlyn</b> <b>529 W. 3rd Street</b> <b>Newport, WA 99156</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.486	Priority creditor's name and mailing address <b>Huelar, Matthew</b> <b>5300 Ironhorse Pkwy</b> <b>#535</b> <b>Dublin, CA 94568</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.487	Priority creditor's name and mailing address <b>Huen, Nancy</b> <b>128 Alta Vista Way</b> <b>Danville, CA 94506</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.488	Priority creditor's name and mailing address <b>Huff, Arelia</b> <b>122 N Leamington Ave</b> <b>Chicago, IL 60644</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.489	Priority creditor's name and mailing address <b>Hughes, Lynne L.</b> <b>8914 Riverfront Terrace</b> <b>Jupiter, FL 33469</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.490	Priority creditor's name and mailing address <b>Hume, Christie L.</b> <b>4430 S. Mitchel Lane</b> <b>Spokane, WA 99223</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.491	Priority creditor's name and mailing address <b>Hummell, Wendy M.</b> <b>125 Longfield Dr</b> <b>Mooreville, NC 28115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.492	Priority creditor's name and mailing address <b>Hung, Sandra</b> <b>2451 Thorndyke Ave W</b> <b>Apt 2</b> <b>Seattle, WA 98199</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.493	Priority creditor's name and mailing address <b>Hunter, Diane P.</b> <b>930 Marshall Drive</b> <b>Concord, NC 28027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.494	Priority creditor's name and mailing address <b>Hunter, Julia D.</b> <b>141 Embarcadero W</b> <b>Apt 4119</b> <b>Oakland, CA 94607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.495	Priority creditor's name and mailing address <b>Hurst, Ashley</b> <b>10302 NW 80th Dr.</b> <b>Fort Lauderdale, FL 33321</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.496	Priority creditor's name and mailing address <b>Hurt, Albert</b> <b>2959 W 38th Place</b> <b>Chicago, IL 60632</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.497	Priority creditor's name and mailing address <b>Hutto, Cherub M.</b> <b>25 Blue Heron Land</b> <b>Prosperity, SC 29127</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.498	Priority creditor's name and mailing address <b>Ibarra, Sarah</b> <b>20406 Litte Bear Creek Rd.</b> <b>Apt. 150</b> <b>Woodinville, WA 98072</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.499	Priority creditor's name and mailing address <b>Ibarra, Veronica J.</b> <b>11206 NE 68th St.</b> <b>Apt 218</b> <b>Kirkland, WA 98033</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.500	Priority creditor's name and mailing address <b>Inake, Magan A.</b> <b>414 NE Ravenna Blvd</b> <b>Apt. 209</b> <b>Seattle, WA 98115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.501	Priority creditor's name and mailing address <b>Ingraffia, Anthony A.</b> <b>1525 Dennison Road</b> <b>Hoffman Estates, IL 60169</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.502	Priority creditor's name and mailing address <b>Iniguez, Leticia</b> <b>40 Sandalwood Court</b> <b>Pittsburg, CA 94565</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.503	Priority creditor's name and mailing address <b>Internal Revenue Service</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Taxing authority</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.504	Priority creditor's name and mailing address <b>Ioannou, Dimitrios</b> <b>900 Biscayne Blvd</b> <b>#2204</b> <b>Miami, FL 33132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.505	Priority creditor's name and mailing address <b>Ivani, Kristen A.</b> <b>501 Live Oak Drive</b> <b>Danville, CA 94506</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.506	Priority creditor's name and mailing address <b>Jackson, Jasmine</b> <b>4958 Fair Oaks Drive</b> <b>Country Club Hills, IL 60478</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



	Debtor <b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known) <b>20-11170 (LSS)</b>		
2.507	Priority creditor's name and mailing address <b>Jackson, Tesara</b> <b>957 N Powerline Rd</b> <b>Pompano Beach, FL 33069</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.508	Priority creditor's name and mailing address <b>Jaggernauth, Vashti</b> <b>3210 Lake Twylo Rd.</b> <b>Orlando, FL 32817</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.509	Priority creditor's name and mailing address <b>Jaggernauth, Vishwani</b> <b>2391 Pemberton Street</b> <b>Oviedo, FL 32765</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.510	Priority creditor's name and mailing address <b>Jajeh, Hanan</b> <b>1930 Jameson Court</b> <b>Concord, CA 94521</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.511	Priority creditor's name and mailing address <b>Jakubowski, Shannon M.</b> <b>6210 1st Avenue NW</b> <b>Seattle, WA 98107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.512	Priority creditor's name and mailing address <b>Janzen, Cecily K.</b> <b>5740 SW Admiral Way</b> <b>Seattle, WA 98116</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.513	Priority creditor's name and mailing address <b>Jaranilla, Joanna</b> <b>2145 W. Concord Lane</b> <b>Addison, IL 60101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.514	Priority creditor's name and mailing address <b>Jasulaitis, Laura S.</b> <b>17 W 464 Sutton Place</b> <b>Darien, IL 60561</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.515	Priority creditor's name and mailing address <b>Jasulakiit, Lauren R.</b> <b>512 Redondo Dr</b> <b>Unit 501</b> <b>Downers Grove, IL 60516</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.516	Priority creditor's name and mailing address <b>Jenkins, Amy</b> <b>1722 Ducker Court</b> <b>Concord, CA 94519</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.517	Priority creditor's name and mailing address <b>Jenkins, Antigone T.</b> <b>3280 Soho St.</b> <b>Unite 108</b> <b>Orlando, FL 32835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.518	Priority creditor's name and mailing address <b>Jernstrom, Amanda L.</b> <b>555 Canyon Woods Cir #248</b> <b>San Ramon, CA 94582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.519	Priority creditor's name and mailing address <b>Jeung, Thomas</b> <b>15306 Farnsworth St</b> <b>San Leandro, CA 94579</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.520	Priority creditor's name and mailing address <b>Jewell, Suzanne L.</b> <b>1142 W. 50 Pl.</b> <b>Hialeah, FL 33012</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.521	Priority creditor's name and mailing address <b>Jimenez, Brittany N.</b> <b>1614 NE 9th St</b> <b>Fort Lauderdale, FL 33304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.522	Priority creditor's name and mailing address <b>Johnson, , Keith R.</b> <b>3124 Newport Ln</b> <b>Wadsworth, IL 60083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor <b>IntegraMed America, Inc.</b> Name		Case number (if known) <b>20-11170 (LSS)</b>
2.523	<p>Priority creditor's name and mailing address</p> <p><b>Johnson, Bethany L.</b> <b>2550 Thorydyke Ave W</b> <b>#302</b> <b>Seattle, WA 98199</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Wages</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown</b> <b>Unknown</b>
2.524	<p>Priority creditor's name and mailing address</p> <p><b>Johnson, Destiny J.</b> <b>6104 N. A Street</b> <b>Spokane, WA 99205</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Wages</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown</b> <b>Unknown</b>
2.525	<p>Priority creditor's name and mailing address</p> <p><b>Johnstone, Shannon</b> <b>15600 Winchester Blvd.</b> <b>Los Gatos, CA 95030</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Wages</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown</b> <b>Unknown</b>
2.526	<p>Priority creditor's name and mailing address</p> <p><b>Jones Sherita</b> <b>3040 Foxhill Circle</b> <b>No. 206</b> <b>Apopka, FL 32703</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Wages</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown</b> <b>Unknown</b>

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.527	Priority creditor's name and mailing address <b>Jones, Lashica R.</b> <b>1183 Old Apopka Rd.</b> <b>Apopka, FL 32703</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.528	Priority creditor's name and mailing address <b>Jones, Melede D.</b> <b>6457 Catalina Lane</b> <b>Tamarac, FL 33321</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.529	Priority creditor's name and mailing address <b>Jones, Susan D.</b> <b>6651 NW 23 Street</b> <b>Margate, FL 33063</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.530	Priority creditor's name and mailing address <b>Jones, Tilda A.</b> <b>2064 Pin Oak Place</b> <b>Cramerton, NC 28032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.531	Priority creditor's name and mailing address <b>Jones, Virginia M.</b> <b>6845 Bianchini Circl</b> <b>Boca Raton, FL 33433</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.532	Priority creditor's name and mailing address <b>Jones, Yolanda</b> <b>290 Collins Ave</b> <b>#5A</b> <b>Mount Vernon, NY 10552</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.533	Priority creditor's name and mailing address <b>Josephs, Sheldon B.</b> <b>2280 Flagstone Way</b> <b>Concord, CA 94521</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.534	Priority creditor's name and mailing address <b>Jost, Mary</b> <b>3612 Lakewood Dr.</b> <b>Crystal Lake, IL 60012</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.535	Priority creditor's name and mailing address <b>Joubert, Rebecca L.</b> <b>5657 Oakwood Cir</b> <b>Lake Zurich, IL 60047</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.536	Priority creditor's name and mailing address <b>Jovin, Ruth</b> <b>6248 Duval Drive</b> <b>Margate, FL 33063</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.537	Priority creditor's name and mailing address <b>Joyner, Colleen A.</b> <b>9561 Spanish Moss Rd West</b> <b>Lake Worth, FL 33467</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.538	Priority creditor's name and mailing address <b>Judge, Anne L.</b> <b>2398 140th Way SE</b> <b>Bellevue, WA 98007</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.539	Priority creditor's name and mailing address <b>Julmisse, Ricarda</b> <b>15240 SW 46th Court</b> <b>Miramar, FL 33027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.540	Priority creditor's name and mailing address <b>Kalimulhu, Kristin L.</b> <b>100 E. 14th Street</b> <b>Apt 2210</b> <b>New Britain, CT 06050</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.541	Priority creditor's name and mailing address <b>Kallas, Courtney E.</b> <b>12033 28th Ave NE</b> <b>Unit C</b> <b>Seattle, WA 98125</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.542	Priority creditor's name and mailing address <b>Kanaan, Kiran A.</b> <b>2805 Hawtree Drive</b> <b>Raleigh, NC 27613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.543	Priority creditor's name and mailing address <b>Kane, Lisa S.</b> <b>7518 Shady Lane</b> <b>Charlotte, NC 28215</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.544	Priority creditor's name and mailing address <b>Kase, Julia</b> <b>2134 N. 113th St B</b> <b>Seattle, WA 98133</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.545	Priority creditor's name and mailing address <b>Kashin, Christiana</b> <b>3110 Fairfield Way</b> <b>Montgomery, IL 60538</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.546	Priority creditor's name and mailing address <b>Kaskintepe, Levent</b> <b>2213 Brachetta Dr.</b> <b>Las Vegas, NV 89134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.547	Priority creditor's name and mailing address <b>Kaur, Salvinder</b> <b>866 Catherine Ct</b> <b>Grayslake, IL 60030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.548	Priority creditor's name and mailing address <b>Kaye, Ilene M.</b> <b>12261 Old Country Rd</b> <b>Wellington, FL 33414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.549	Priority creditor's name and mailing address <b>Keafer, Lisa M.</b> <b>2047 Concord Dr.</b> <b>McHenry, IL 60050</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.550	Priority creditor's name and mailing address <b>Keller, Rebecca R.</b> <b>624 Yale Ave N</b> <b>Apt 216</b> <b>Seattle, WA 98109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.551	Priority creditor's name and mailing address <b>Kelly, Kathleen M.</b> <b>61 Midwood Avenue</b> <b>Nesconset, NY 11767</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.552	Priority creditor's name and mailing address <b>Kelly, Rose M.</b> <b>33 Maple Hill Road</b> <b>Valhalla, NY 10595</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.553	Priority creditor's name and mailing address <b>Kendall, Natalie</b> <b>4923 155th PI SW</b> <b>Edmonds, WA 98026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.554	Priority creditor's name and mailing address <b>Kenny, Monica M.</b> <b>8125 28th Ave SW</b> <b>Seattle, WA 98126</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.555	Priority creditor's name and mailing address <b>Kerby, Stephanie</b> <b>6824 N. 15th Street</b> <b>Dalton Gardens, ID 83815</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.556	Priority creditor's name and mailing address <b>Keskintepe, Levent</b> <b>2213 Brachetta Dr.</b> <b>Las Vegas, NV 89134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.557	Priority creditor's name and mailing address <b>Khazanov, Nataly A.</b> <b>1337 Highpoint Lane</b> <b>Northbrook, IL 60062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.558	Priority creditor's name and mailing address <b>Kiddie, Amber K</b> <b>630 Tallgrass Lane</b> <b>Lake Villa, IL 60046</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.559	Priority creditor's name and mailing address <b>King, Benjamin</b> <b>223 Milton St.</b> <b>Bellingham, WA 98229</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.560	Priority creditor's name and mailing address <b>Kinloch, N'Dra</b> <b>899 N. Orange Ave.</b> <b>Apt. 616</b> <b>Orlando, FL 32801</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.561	Priority creditor's name and mailing address <b>Kirk, Emmy A.</b> <b>1216 NE Ravenna Blvd</b> <b>Seattle, WA 98105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.562	Priority creditor's name and mailing address <b>Kirkland, Cassidy A.</b> <b>721 17th Avenue</b> <b>#302</b> <b>Seattle, WA 98122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.563	Priority creditor's name and mailing address <b>Kisler, Katherine E.</b> <b>1401 220th St. SW</b> <b>Bothell, WA 98021</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.564	Priority creditor's name and mailing address <b>Klaiss, Michele M.</b> <b>11804 Roseberg Ave S</b> <b>Seattle, WA 98168</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.565	Priority creditor's name and mailing address <b>Kohistani, Sahar</b> <b>2836 Diane Dr.</b> <b>Aurora, IL 60504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.566	Priority creditor's name and mailing address <b>Kolbay, Tiffany T.</b> <b>865 Walts Way</b> <b>Denver, NC 28037</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.567	Priority creditor's name and mailing address <b>Kook, Amanda E.</b> <b>408 E. Castle PI</b> <b>Charleston, SC 29414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.568	Priority creditor's name and mailing address <b>Koshney, Jessica A.</b> <b>224 S. 152nd Street</b> <b>Apt 43</b> <b>Seattle, WA 98148</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.569	Priority creditor's name and mailing address <b>Koulianos, Svetlana M.</b> <b>1124 Sutton Court</b> <b>Mobile, AL 36609</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.570	Priority creditor's name and mailing address <b>Koza, Montana</b> <b>2110 NW 91st Lane</b> <b>Coral Springs, FL 33071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.571	Priority creditor's name and mailing address <b>Kozera, Patricia</b> <b>348 N. Cedar Ave.</b> <b>Wood Dale, IL 60191</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.572	Priority creditor's name and mailing address <b>Kramp, Gina-Marie A.</b> <b>2624 W 96th Place</b> <b>Evergreen Park, IL 60805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.573	Priority creditor's name and mailing address <b>Krecklow, Jessica M.</b> <b>1130 NW 54th Street</b> <b>Seattle, WA 98107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.574	Priority creditor's name and mailing address <b>Kreidel, Kayla N.</b> <b>1440 Harding Pl</b> <b>Apt 520</b> <b>Charlotte, NC 28204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.575	Priority creditor's name and mailing address <b>Krizan, Claire E.</b> <b>2819 Knollside Ln.</b> <b>Vienna, VA 22180</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.576	Priority creditor's name and mailing address <b>Kruep, Sharon M.</b> <b>9614 Gray Hawk Wy.</b> <b>Lake Worth, FL 33467</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.577	Priority creditor's name and mailing address <b>Kwon, Ashly (Eun Young)</b> <b>110 Monterey Lane</b> <b>Danville, CA 94506</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.578	Priority creditor's name and mailing address <b>Laban, Katherine</b> <b>13717 Linden Ave N</b> <b>Apt. 328</b> <b>Seattle, WA 98133</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.579	Priority creditor's name and mailing address <b>Lairson, Travis W.</b> <b>32 Burling Lane</b> <b>Apt 203</b> <b>New Rochelle, NY 10801</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.580	Priority creditor's name and mailing address <b>LaJoie, James J.</b> <b>309 Napa Ridge Lane</b> <b>Morrisville, NC 27560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.581	Priority creditor's name and mailing address <b>Lamberg, Rebecca A.</b> <b>3527 Wiles Rd</b> <b>Apt 201</b> <b>Coconut Creek, FL 33073</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.582	Priority creditor's name and mailing address <b>Lamont, Christie D.</b> <b>3180 Merrick Terrace</b> <b>Margate, FL 33063</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.583	Priority creditor's name and mailing address <b>Lancia, Linda</b> <b>251 Deer Hill Road</b> <b>South Salem, NY 10590</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.584	Priority creditor's name and mailing address <b>Lanza, Anna C.</b> <b>2427 NE Sunnymede ST</b> <b>Poulsbo, WA 98370</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.585	Priority creditor's name and mailing address <b>Latimer, Radisha S.</b> <b>528 Bradkin Court</b> <b>Raleigh, NC 27610</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.586	Priority creditor's name and mailing address <b>Latorre, Larissa</b> <b>3219 Jamie Way</b> <b>Hayward, CA 94541</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.587	Priority creditor's name and mailing address <b>Laureano, Breanne N.</b> <b>548 NE 98th Street</b> <b>Seattle, WA 98115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.588	Priority creditor's name and mailing address <b>Lavere, Vita M.</b> <b>181 W. Schick Road</b> <b>Bloomington, IL 60108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.589	Priority creditor's name and mailing address <b>Lawrence, Leighann L.</b> <b>8300 Kern Ave</b> <b>Apt D111</b> <b>Gilroy, CA 95020</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.590	Priority creditor's name and mailing address <b>Lazarus, Sophia</b> <b>8379 NW 37th St</b> <b>Sunrise, FL 33351</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.591	Priority creditor's name and mailing address <b>Leach, Eleisha A.</b> <b>2442 Summer Meadow Court</b> <b>Charlotte, NC 28216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.592	Priority creditor's name and mailing address <b>Lebow, Joy</b> <b>14 Eagle Road</b> <b>Norwalk, CT 06850</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.593	Priority creditor's name and mailing address <b>Lebron, Erica</b> <b>1722 Purdy St.</b> <b>No. 3H</b> <b>Bronx, NY 10462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.594	Priority creditor's name and mailing address <b>Leckey, Shakira</b> <b>3371 NW 21st Ct</b> <b>Coconut Creek, FL 33066</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)		
<b>IntegraMed America, Inc.</b>	<b>20-11170 (LSS)</b>		
2.595 Priority creditor's name and mailing address <b>Lee, Taisha A.</b> <b>501 E. Union St</b> <b>Marshville, NC 28103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.596 Priority creditor's name and mailing address <b>Lefko, Sarah</b> <b>1143 Glengarry Drive</b> <b>Walnut Creek, CA 94598</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.597 Priority creditor's name and mailing address <b>Lemen, Kimberly E.</b> <b>331 S. 177th Place</b> <b>Apt F-303</b> <b>Seattle, WA 98148</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.598 Priority creditor's name and mailing address <b>Lenzo, Anne</b> <b>401 E 32nd St</b> <b>Apt 205</b> <b>Chicago, IL 60616</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.599	Priority creditor's name and mailing address <b>Leonard, Jennifer A.</b> <b>1465 Van Hercke Lane</b> <b>Oviedo, FL 32766</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.600	Priority creditor's name and mailing address <b>Leonardi, Andrea</b> <b>PO Box 1684</b> <b>Sultan, WA 98294</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.601	Priority creditor's name and mailing address <b>Lepkowsky, Laura</b> <b>18657 E. Cavendish Dr</b> <b>Castro Valley, CA 94552</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.602	Priority creditor's name and mailing address <b>Lesina , Darija</b> <b>10688 NE 10th Street</b> <b>Apt. B414</b> <b>Bellevue, WA 98004</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.603	Priority creditor's name and mailing address <b>Lewis, Sonya N.</b> <b>9777 Westview Drive</b> <b>#1118</b> <b>Coral Springs, FL 33067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.604	Priority creditor's name and mailing address <b>Liebermann, Juergen</b> <b>544 N. Forest Ave.</b> <b>Oak Park, IL 60302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.605	Priority creditor's name and mailing address <b>Limehouse, Patrice</b> <b>3160 Exacta Lane</b> <b>Apt. 616</b> <b>Raleigh, NC 27613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.606	Priority creditor's name and mailing address <b>Lin, Emily S.</b> <b>12343 Riviera Place Northeast</b> <b>Seattle, WA 98125</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor <b>IntegraMed America, Inc.</b> Name		Case number (if known) <b>20-11170 (LSS)</b>
2.607	<p>Priority creditor's name and mailing address</p> <p><b>Liriano, Angela I.</b> <b>1824 N. 6th St.</b> <b>Orlando, FL 32820</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown Unknown</b>
2.608	<p>Priority creditor's name and mailing address</p> <p><b>Liscano, Melody G.</b> <b>6810 Winding Trail</b> <b>Unit 303</b> <b>Oak Forest, IL 60452</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown Unknown</b>
2.609	<p>Priority creditor's name and mailing address</p> <p><b>Litaker, Cassandra</b> <b>3407 Arklow Rd</b> <b>Apt 1</b> <b>Charlotte, NC 28269</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown Unknown</b>
2.610	<p>Priority creditor's name and mailing address</p> <p><b>Llaca, Ana M.</b> <b>19127 NW 13 Ct</b> <b>Pembroke Pines, FL 33029</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown Unknown</b>

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.611	Priority creditor's name and mailing address <b>Loepp, Elizabeth</b> <b>505 Mawman Ave.</b> <b>Lake Bluff, IL 60044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.612	Priority creditor's name and mailing address <b>Long, Katelyn J.</b> <b>407 E. Liberty Ave.</b> <b>Spokane, WA 99207</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.613	Priority creditor's name and mailing address <b>Longhurst, Garrett</b> <b>90 Couch Road</b> <b>Patterson, NY 12563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.614	Priority creditor's name and mailing address <b>Lopez, Allison</b> <b>3626 W Nuala Lane</b> <b>Alsip, IL 60803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.615	Priority creditor's name and mailing address <b>Lopez, Isabel M.</b> <b>6650 Pershing Street</b> <b>Hollywood, FL 33024</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.616	Priority creditor's name and mailing address <b>Lopez, Yanira D.</b> <b>448 Holiday Hills Dr</b> <b>Martinez, CA 94564</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.617	Priority creditor's name and mailing address <b>Lormistois, Felicia N.</b> <b>27 Cedar Circle</b> <b>Boynton Beach, FL 33436</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.618	Priority creditor's name and mailing address <b>Love, Tracey L.</b> <b>10404 E. Pierce Ln.</b> <b>Spokane, WA 99206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.619	Priority creditor's name and mailing address <b>Lovell, Sabrina</b> <b>130 Fernwood Ln</b> <b>Bloomington, IL 60108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.620	Priority creditor's name and mailing address <b>Lowdermilk, Ivy M.</b> <b>PO Box 1417</b> <b>Orting, WA 98360</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.621	Priority creditor's name and mailing address <b>Lowney, Jennifer L.</b> <b>15686 84th Ave North</b> <b>Palm Beach Gardens, FL 33418</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.622	Priority creditor's name and mailing address <b>Luburich, Alyssa</b> <b>8030 N. Overhill</b> <b>Niles, IL 60714</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.623	Priority creditor's name and mailing address <b>Luczak, Patricia</b> <b>53 N. Crescent Ave.</b> <b>Palatine, IL 60067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.624	Priority creditor's name and mailing address <b>Lynn, Olivia</b> <b>2436 N Maplewood Ave.</b> <b>Chicago, IL 60647</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.625	Priority creditor's name and mailing address <b>Macchia, Jessica</b> <b>9 Oak Ridge court</b> <b>West Harrison, NY 10604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.626	Priority creditor's name and mailing address <b>MacDonough, Carolyn R.</b> <b>813 NE 151st St</b> <b>Seattle, WA 98155</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.627	Priority creditor's name and mailing address <b>Machamer, Lauren</b> <b>6248 Dowdy Court</b> <b>Orlando, FL 32819</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.628	Priority creditor's name and mailing address <b>Macias, Cynthia</b> <b>320 W Illinois St</b> <b>1508</b> <b>Chicago, IL 60654</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.629	Priority creditor's name and mailing address <b>Macias-Villanueva, Milda</b> <b>6560 Thomas Street</b> <b>Hollywood, FL 33024</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.630	Priority creditor's name and mailing address <b>Mackay, Gwen H.</b> <b>4289 Woodlawn Ave.</b> <b>Gurnee, IL 60031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor <b>IntegraMed America, Inc.</b> Name		Case number (if known) <b>20-11170 (LSS)</b>
2.631	<p>Priority creditor's name and mailing address</p> <p><b>Mackey, Tameka T.</b> <b>2294 Cane Mill Road</b> <b>Lancaster, SC 29720</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown Unknown</b>
2.632	<p>Priority creditor's name and mailing address</p> <p><b>Madrazo, Joshua A.</b> <b>3529 NE 6th Street</b> <b>Renton, WA 98056</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown Unknown</b>
2.633	<p>Priority creditor's name and mailing address</p> <p><b>Magana, Claudia Y.</b> <b>625 SW 97th PL</b> <b>Seattle, WA 98106</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown Unknown</b>
2.634	<p>Priority creditor's name and mailing address</p> <p><b>Magee, Pearlie R.</b> <b>301 Sandy Ln</b> <b>Apt A</b> <b>Suisun City, CA 94585</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown Unknown</b>



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.635	Priority creditor's name and mailing address <b>Magiera, Joanna</b> <b>3722 N. Oriole Ave.</b> <b>Chicago, IL 60634</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.636	Priority creditor's name and mailing address <b>Magsino-Reyes, Marilyn N.</b> <b>828 W. Parker Dr.</b> <b>Schaumburg, IL 60194</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.637	Priority creditor's name and mailing address <b>Maguschak, Kerry A.</b> <b>29150 Lake Forest Blvd.</b> <b>Apt 2034</b> <b>Daphne, AL 36526</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.638	Priority creditor's name and mailing address <b>Mahama, Bonosa</b> <b>2185 Hone Avenue Apt 5D</b> <b>Bronx, NY 10461</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.639	Priority creditor's name and mailing address <b>Maldonado, Ana R.</b> <b>11307 NE 128th St</b> <b>G-104</b> <b>Kirkland, WA 98034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.640	Priority creditor's name and mailing address <b>Malke, Liala</b> <b>7453 W. Ainslie</b> <b>Harwood Heights, IL 60706</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.641	Priority creditor's name and mailing address <b>Maltese, Alexis</b> <b>6638 Villa Sonrisa dr</b> <b>Unit 621</b> <b>Boca Raton, FL 33433</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.642	Priority creditor's name and mailing address <b>Mammenga, Jamie</b> <b>5822 29th Street Ct E</b> <b>Tacoma, WA 98424</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.643	Priority creditor's name and mailing address <b>Mancilla, Natalie</b> <b>2739 SW 332nd CT</b> <b>Federal Way, WA 98023</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.644	Priority creditor's name and mailing address <b>Mandolene, Michelle</b> <b>3221 Queensgate Way</b> <b>Mount Pleasant, SC 29466</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.645	Priority creditor's name and mailing address <b>Maness, Cari B.</b> <b>11201 Sedgefield Dr.</b> <b>Raleigh, NC 27613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.646	Priority creditor's name and mailing address <b>Mangonon, Lori B.</b> <b>13408 SE 168th Street</b> <b>Renton, WA 98058</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.647	Priority creditor's name and mailing address <b>Maningas, Katrina</b> <b>202 Bobolink Way</b> <b>Hercules, CA 94547</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.648	Priority creditor's name and mailing address <b>Manko, Linda G.</b> <b>4160 North A1A</b> <b>#602 A</b> <b>Fort Pierce, FL 34949</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.649	Priority creditor's name and mailing address <b>Mann, Darci R.</b> <b>205 NE Blairwood Terrace</b> <b>Jensen Beach, FL 34957</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.650	Priority creditor's name and mailing address <b>Manns, Jessica</b> <b>1126 Rock Haven Drive</b> <b>Charlotte, NC 28216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.651	Priority creditor's name and mailing address <b>Markovich, Rebecca A.</b> <b>1164 W. Madison St.</b> <b>326</b> <b>Chicago, IL 60607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.652	Priority creditor's name and mailing address <b>Marks, Adam C.</b> <b>105 Pond End Road</b> <b>Waltham, MA 02451</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.653	Priority creditor's name and mailing address <b>Markus, Caryl A.</b> <b>4920 N. Marine Dr.</b> <b>Apt 105</b> <b>Chicago, IL 60640</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.654	Priority creditor's name and mailing address <b>Marnofsky, Alexis N.</b> <b>139 Waverly Ct</b> <b>Martinez, CA 94553</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.655	Priority creditor's name and mailing address <b>Marshall, Bria P.</b> <b>12617 Windyedge Rd</b> <b>Huntersville, NC 28078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.656	Priority creditor's name and mailing address <b>Martin, Alexander</b> <b>1456 Route 44</b> <b>Pleasant Valley, NY 12569</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.657	Priority creditor's name and mailing address <b>Martin, Janice</b> <b>38-11 Mead Street</b> <b>New Canaan, CT 06840</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.658	Priority creditor's name and mailing address <b>Martin, Kathleen A.</b> <b>20808 N 27th Ave</b> <b>#2092</b> <b>Phoenix, AZ 85027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.659	Priority creditor's name and mailing address <b>Martin, Tamrin</b> <b>1901 NE 1st Terrace</b> <b>Pompano Beach, FL 33060</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.660	Priority creditor's name and mailing address <b>Martinelli, Catherine</b> <b>40 Rosemere Street</b> <b>Rye, NY 10580</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.661	Priority creditor's name and mailing address <b>Martinez, Carmen M.</b> <b>4101 N. Major Ave.</b> <b>Chicago, IL 60634</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.662	Priority creditor's name and mailing address <b>Martinez, Lynette A.</b> <b>2437 NW 49th Terrace</b> <b>Coconut Grove, FL 33063</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor <b>IntegraMed America, Inc.</b> Name		Case number (if known) <b>20-11170 (LSS)</b>
2.663	<p>Priority creditor's name and mailing address</p> <p><b>Martinez, Sergio</b> <b>39 Fieldstone Drive</b> <b>G1</b> <b>Hartsdale, NY 10530</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Wages</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown</b> <b>Unknown</b>
2.664	<p>Priority creditor's name and mailing address</p> <p><b>Martinez, Yesenia</b> <b>17303 120th Ln SE</b> <b>Apt L 105</b> <b>Renton, WA 98058</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Wages</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown</b> <b>Unknown</b>
2.665	<p>Priority creditor's name and mailing address</p> <p><b>Maryland Division of Revenue</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Taxing authority</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown</b> <b>Unknown</b>
2.666	<p>Priority creditor's name and mailing address</p> <p><b>Maschietto-Hayes, Katia</b> <b>33 SE 8th Street</b> <b>Apt 410</b> <b>Boca Raton, FL 33432</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Wages</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>Unknown</b> <b>Unknown</b>



Debtor Name	Case number (if known)	20-11170 (LSS)
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2.667</div> Priority creditor's name and mailing address <b>Mata, Theresa R.</b> <b>1455 Arlington Rd.</b> <b>Livermore, CA 94551</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Unknown</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">Unknown</div>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2.668</div> Priority creditor's name and mailing address <b>Matsui, Jenny J.</b> <b>3500 Skylark Drive</b> <b>Concord, CA 94520</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Unknown</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">Unknown</div>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2.669</div> Priority creditor's name and mailing address <b>Matthies, Sarah A.</b> <b>12629 102nd Ave NE</b> <b>Kirkland, WA 98034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Unknown</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">Unknown</div>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2.670</div> Priority creditor's name and mailing address <b>Mattiacci, Mary O.</b> <b>7 Moon Valley Ln</b> <b>Durham, NC 27705</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Unknown</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">Unknown</div>
Date or dates debt was incurred	Basis for the claim: <b>Wages</b>	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.671	Priority creditor's name and mailing address <b>Mayers, Shelby H.</b> <b>7329 Fir Dr.</b> <b>Saraland, AL 36571</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.672	Priority creditor's name and mailing address <b>Mazzuca, Kira J</b> <b>3405 36th Ave SW</b> <b>Seattle, WA 98126</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.673	Priority creditor's name and mailing address <b>McAleese, Nicole</b> <b>300 Lind Point Lane</b> <b>Monroe, NC 28110</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.674	Priority creditor's name and mailing address <b>McAndie, Amy N.</b> <b>1915 NE 80th St</b> <b>Seattle, WA 98115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.675	Priority creditor's name and mailing address <b>McAndie, Megan A.</b> <b>14113 126th PL NE</b> <b>Kirkland, WA 98034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.676	Priority creditor's name and mailing address <b>McCall, Angela D.</b> <b>5516 N. 21st Street</b> <b>Tacoma, WA 98406</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.677	Priority creditor's name and mailing address <b>McCarthy, Christina M.</b> <b>3300 Wickersham Court</b> <b>Mount Pleasant, SC 29466</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.678	Priority creditor's name and mailing address <b>McCoy, Jenifer L.</b> <b>5107 Elgin Street</b> <b>Spokane, WA 99205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.679	Priority creditor's name and mailing address <b>McCracken, Asha M.</b> <b>2075 Foxworth Dr</b> <b>Monroe, NC 28110</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.680	Priority creditor's name and mailing address <b>McCullough, Denise A.</b> <b>43 Calton Rd Apt 2B</b> <b>New Rochelle, NY 10804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.681	Priority creditor's name and mailing address <b>McDonald, Elaine R.</b> <b>5202 Nino Ct.</b> <b>Mobile, AL 36618</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.682	Priority creditor's name and mailing address <b>McElroy, Myoka</b> <b>220 Sheffield Way</b> <b>American Canyon, CA 94503</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor <b>IntegraMed America, Inc.</b> Name	Case number (if known) <b>20-11170 (LSS)</b>		
2.683	Priority creditor's name and mailing address <b>McGill, Temica</b> <b>2408 Southern Drive</b> <b>Durham, NC 27703</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.684	Priority creditor's name and mailing address <b>McGovern, Lynne E.</b> <b>827 S. Arlington Height Road</b> <b>Arlington Heights, IL 60005</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.685	Priority creditor's name and mailing address <b>McMahon, Patrick J.</b> <b>138 Midland Way</b> <b>Danville, CA 94526</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.686	Priority creditor's name and mailing address <b>McMillan, Angel N.</b> <b>100 Northbend Dr</b> <b>Apt B</b> <b>Charlotte, NC 28262</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.687	Priority creditor's name and mailing address <b>McPherson, Latoya</b> <b>3361 NW 47th Ter Apt 424</b> <b>Fort Lauderdale, FL 33319</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.688	Priority creditor's name and mailing address <b>Mecchelia, Judi</b> <b>1594 Calle De Stuard</b> <b>San Jose, CA 95118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.689	Priority creditor's name and mailing address <b>Melero, Pedro</b> <b>5676 Ravenwood Ave</b> <b>Newark, CA 94560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.690	Priority creditor's name and mailing address <b>Melligan, Jennifer</b> <b>397 Kerry Court</b> <b>Carol Stream, IL 60188</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.691	Priority creditor's name and mailing address <b>Mendoza, Elizabeth</b> <b>179 Knollwood Ct.</b> <b>Wood Dale, IL 60191</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.692	Priority creditor's name and mailing address <b>Mendoza-Ayala, Cristal</b> <b>2701 S. 222nd St.</b> <b>Apt H202</b> <b>Des Moines, WA 98198</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.693	Priority creditor's name and mailing address <b>Mercer, Kayla R.</b> <b>110 Shoreline Cir</b> <b>Apt 423</b> <b>San Ramon, CA 94582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.694	Priority creditor's name and mailing address <b>Merchan, Joseline</b> <b>2421 Saddlehorn Lane</b> <b>Modesto, CA 95355</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.695	Priority creditor's name and mailing address <b>Meredith, Eda</b> <b>123 Fair Street</b> <b>White Plains, NY 10607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.696	Priority creditor's name and mailing address <b>Merline, Ann M.</b> <b>400 Clarice Avenue, Apt 340</b> <b>Charlotte, NC 28204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.697	Priority creditor's name and mailing address <b>Messerschmitt, Natalie</b> <b>6632 Oneida Drive</b> <b>Mount Dora, FL 32757</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.698	Priority creditor's name and mailing address <b>Meyers, Stephanie M.</b> <b>32762 NE 52nd Street</b> <b>Carnation, WA 98014</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.699	Priority creditor's name and mailing address <b>Meyers, Susan K.</b> <b>2425 Charlotte Dr</b> <b>Charlotte, NC 28203</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.700	Priority creditor's name and mailing address <b>Mikhail, Rebecca L.</b> <b>485 Rodenburg Road</b> <b>Roselle, IL 60172</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.701	Priority creditor's name and mailing address <b>Miksis, Shelley D.</b> <b>4833 NE 41st Street</b> <b>Seattle, WA 98105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.702	Priority creditor's name and mailing address <b>Mildon, Shanda</b> <b>19025 Hayes St</b> <b>Castro Valley, CA 94546</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.703	Priority creditor's name and mailing address <b>Miller, Ann</b> <b>9428 Lorel Ave.</b> <b>Skokie, IL 60077</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.704	Priority creditor's name and mailing address <b>Miller, Charlene</b> <b>3351 Forest Glen Drive</b> <b>Charleston, SC 29414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.705	Priority creditor's name and mailing address <b>Miller, Deborah</b> <b>1687 Champagne Ave.</b> <b>Gulf Breeze, FL 32563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.706	Priority creditor's name and mailing address <b>Miller, Paula L.</b> <b>1824 Kodiak Circle</b> <b>Reno, NV 89511</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.707	Priority creditor's name and mailing address <b>Miller, Thomas</b> <b>4 Robbins Road</b> <b>Pleasantville, NY 10570</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.708	Priority creditor's name and mailing address <b>Miller, Whitney A.</b> <b>5684 Bulman Rd. SE</b> <b>Port Orchard, WA 98366</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.709	Priority creditor's name and mailing address <b>Mills, Taylor</b> <b>17530 158th PL</b> <b>Monroe, WA 98272</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.710	Priority creditor's name and mailing address <b>Mirador-Barrozo, Ami Joy</b> <b>1126 Moon CT</b> <b>Milpitas, CA 95035</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.711	Priority creditor's name and mailing address <b>Miranda, Sher</b> <b>2864 Lane Dr</b> <b>Concord, CA 94518</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.712	Priority creditor's name and mailing address <b>Missildine, Jan M.</b> <b>549 Crossland Drive</b> <b>Moncks Corner, SC 29461</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.713	Priority creditor's name and mailing address <b>Mollison, Kelly R.</b> <b>3424 Billings St.</b> <b>Mount Pleasant, SC 29466</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.714	Priority creditor's name and mailing address <b>Montgomery, Brianna M.</b> <b>2160 SE 8th Dr.</b> <b>Renton, WA 98055</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.715	Priority creditor's name and mailing address <b>Mooney, Sara B.</b> <b>296 Galena PL NE</b> <b>North Bend, WA 98045-4000</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.716	Priority creditor's name and mailing address <b>Moonka, Sara B.</b> <b>2241 82nd Ave SE</b> <b>Mercer Island, WA 98040</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.717	Priority creditor's name and mailing address <b>Moore, Michelle A.</b> <b>20120 S. Pine Hill R</b> <b>Frankfort, IL 60423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.718	Priority creditor's name and mailing address <b>Morales, Eric J.</b> <b>300 Main St</b> <b>1K</b> <b>White Plains, NY 10601</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.719	Priority creditor's name and mailing address <b>Morales, Valeria</b> <b>1322 S. Cora St.</b> <b>Des Plaines, IL 60018</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.720	Priority creditor's name and mailing address <b>More, Christopher J.</b> <b>410 Raupp Blvd.</b> <b>Buffalo Grove, IL 60089</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.721	Priority creditor's name and mailing address <b>Moreno, Blanca</b> <b>5459 W. Wellington</b> <b>Chicago, IL 60641</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.722	Priority creditor's name and mailing address <b>Morrell, Camilla</b> <b>8811 Autumn Winds Dr.</b> <b>Apt. 106</b> <b>Raleigh, NC 27615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor <b>IntegraMed America, Inc.</b> Name	Case number (if known) <b>20-11170 (LSS)</b>		
2.723	Priority creditor's name and mailing address <b>Morton, Clarissa</b> <b>1768 Cumberland Green</b> <b>Unit 214</b> <b>Saint Charles, IL 60174</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.724	Priority creditor's name and mailing address <b>Moscuzza, Diana</b> <b>677 Brighton Way</b> <b>Livermore, CA 94551</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.725	Priority creditor's name and mailing address <b>Mou, Xuemei</b> <b>2293 Stratford Drive</b> <b>San Jose, CA 95124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.726	Priority creditor's name and mailing address <b>Moynihan, Debra A.</b> <b>242 Willow Bay Drive</b> <b>Murrells Inlet, SC 29576</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

	Debtor <b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known) <b>20-11170 (LSS)</b>		
2.727	Priority creditor's name and mailing address <b>Mueller, Ann M.</b> <b>8580 W. Foster Ave.</b> <b>No. 410</b> <b>Elmwood Park, IL 60707</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.728	Priority creditor's name and mailing address <b>Murbach, Mark J.</b> <b>609 Plum Grove Road</b> <b>Apt 1A</b> <b>Roselle, IL 60172</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.729	Priority creditor's name and mailing address <b>Muscarella, Carol</b> <b>2012 Club Rd.</b> <b>Charlotte, NC 28205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.730	Priority creditor's name and mailing address <b>Myers, Megan E.</b> <b>166 Coventry Lake Dr.</b> <b>Lexington, SC 29072</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.731	Priority creditor's name and mailing address <b>Nagori, Shailee</b> <b>2425 Promontory Circle</b> <b>San Ramon, CA 94583</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.732	Priority creditor's name and mailing address <b>Nair, Sanjay</b> <b>9046 Barberry Lane</b> <b>Des Plaines, IL 60016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.733	Priority creditor's name and mailing address <b>Naismith, Kyle</b> <b>7624 SE 37th Place</b> <b>Mercer Island, WA 98040</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.734	Priority creditor's name and mailing address <b>Nash, Lauren S.</b> <b>839 W Diversey Pkwy</b> <b>Apt 503</b> <b>Chicago, IL 60614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.735	Priority creditor's name and mailing address <b>Natividad, Jasmine</b> <b>1119 San Ramon Valley Blvd.</b> <b>Danville, CA 94526</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.736	Priority creditor's name and mailing address <b>Nausid, Lisa M.</b> <b>4506 N. Bristol</b> <b>Tacoma, WA 98407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.737	Priority creditor's name and mailing address <b>Navarro, Madeline</b> <b>1304 Tinley Terrace</b> <b>Apt 304</b> <b>Sanford, FL 32773</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.738	Priority creditor's name and mailing address <b>Navarro, Michelle</b> <b>2607 Henry Ave.</b> <b>Pinole, CA 94564</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.739	Priority creditor's name and mailing address <b>Neal, Tanica</b> <b>2581 N.W. 15th St</b> <b>Fort Lauderdale, FL 33311</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.740	Priority creditor's name and mailing address <b>Nelson, Annika L.</b> <b>1711 S. Ainsworth</b> <b>Tacoma, WA 98405</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.741	Priority creditor's name and mailing address <b>Nelson, Victoria</b> <b>713 Shepard Court</b> <b>Gurnee, IL 60031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.742	Priority creditor's name and mailing address <b>Nelson-Sorby, Tanya N.</b> <b>3707 Clearview Ave.</b> <b>Gurnee, IL 60031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name		Case number (if known)	20-11170 (LSS)	
2.743	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown	Unknown
	<b>Neumann, Jennifer C.</b> <b>4053 53rd Ave. SW</b> <b>Seattle, WA 98116</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.744	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown	Unknown
	<b>New Jersey Division of Taxation</b>	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim: <b>Taxing authority</b>			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.745	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown	Unknown
	<b>Newell, Teresa M.</b> <b>448 E Ontario</b> <b>#301</b> <b>Chicago, IL 60611</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.746	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown	Unknown
	<b>Newhart, Alyshia</b> <b>7631 Verve Drive</b> <b>Unit 101</b> <b>Raleigh, NC 27617</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.747	Priority creditor's name and mailing address <b>Newmyer, Frank K.</b> <b>4535 N. Magnolia Ave</b> <b>1S</b> <b>Chicago, IL 60640</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.748	Priority creditor's name and mailing address <b>Nguyen, Aniela</b> <b>5829 Falls Ridge Ln</b> <b>Charlotte, NC 28269</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.749	Priority creditor's name and mailing address <b>Nieves, Ana M.</b> <b>1608 Clapton Dr.</b> <b>Deland, FL 32720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.750	Priority creditor's name and mailing address <b>Nikkel, Deirdre</b> <b>12716 E. 39th Ln.</b> <b>Spokane, WA 99206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.751	Priority creditor's name and mailing address <b>Nitschmann, Monica J.</b> <b>200 N Jefferson St</b> <b>Apt 1401</b> <b>Chicago, IL 60611</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.752	Priority creditor's name and mailing address <b>Noble, Jessica A.</b> <b>2 Old Sawmill Drive</b> <b>Bluffton, SC 29910</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.753	Priority creditor's name and mailing address <b>North Carolina Department of Revenue</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Taxing authority</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.754	Priority creditor's name and mailing address <b>Nylund, Brittany L.</b> <b>4621 SE 58th Ave</b> <b>Portland, OR 97206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.755	Priority creditor's name and mailing address <b>O'Brien, Leigh Ann</b> <b>903 Main Street</b> <b>No. 2</b> <b>Evanston, IL 60202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.756	Priority creditor's name and mailing address <b>O'Brien, Sue</b> <b>4212 Oldfield Rd</b> <b>Charlotte, NC 28226</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.757	Priority creditor's name and mailing address <b>O'Doughty, Janet M.</b> <b>10605 SE 240th St.</b> <b>#745</b> <b>Kent, WA 98031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.758	Priority creditor's name and mailing address <b>O'Neil, Sara K.</b> <b>2807 47th St. NE</b> <b>Tacoma, WA 98422</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.759	Priority creditor's name and mailing address <b>Ocampo, Sara</b> <b>13118 Lost Lake Rd. Trlr 14</b> <b>Snohomish, WA 98296</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.760	Priority creditor's name and mailing address <b>Ojeda, Olga L.</b> <b>7905 NW 19st</b> <b>Margate, FL 33063</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.761	Priority creditor's name and mailing address <b>Oliveira, Analia C.</b> <b>12120 Alt. A-1-A</b> <b>Apt H-7</b> <b>Palm Beach Gardens, FL 33410</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.762	Priority creditor's name and mailing address <b>Olsson, Jorgen</b> <b>843 Ivy Trail Way</b> <b>Fort Mill, SC 29715</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.763	Priority creditor's name and mailing address <b>Ople, Tiffany</b> <b>9325 Kenneth Ave.</b> <b>Skokie, IL 60076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.764	Priority creditor's name and mailing address <b>Oregon Department of Revenue</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Taxing authority</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.765	Priority creditor's name and mailing address <b>Orozco, Cynthia</b> <b>1821 S. Bascom Ave. #362</b> <b>Campbell, CA 95008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.766	Priority creditor's name and mailing address <b>Orozco, Nicole</b> <b>5938 Hyde Park Blvd</b> <b>Niagara Falls, NY 14305</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.767	Priority creditor's name and mailing address <b>Pace, Martyna K.</b> <b>13330 Baker Mills Rd</b> <b>Pineville, NC 28134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.768	Priority creditor's name and mailing address <b>Padilla, Rebecca A.</b> <b>8507 Filbert Lane</b> <b>Charlotte, NC 28215</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.769	Priority creditor's name and mailing address <b>Palazzo, Stacy</b> <b>4309 N. Osceola Ave.</b> <b>Harwood Heights, IL 60706</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.770	Priority creditor's name and mailing address <b>Palermo, Cheryl A.</b> <b>1815 Palmer Avenue, pt 3L</b> <b>Larchmont, NY 10538</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor <b>IntegraMed America, Inc.</b> Name		Case number (if known) <b>20-11170 (LSS)</b>
2.771	<p>Priority creditor's name and mailing address</p> <p><b>Palladino, Donna A.</b> <b>8720 Shadow Wood Blvd</b> <b>Apt. 504</b> <b>Coral Springs, FL 33071</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Wages</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
2.772	<p>Priority creditor's name and mailing address</p> <p><b>Palmtak, Erica</b> <b>1463 NE Chardon Street</b> <b>Jensen Beach, FL 34957</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Wages</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
2.773	<p>Priority creditor's name and mailing address</p> <p><b>Pantos, Marianna</b> <b>620 Sheridan Sq</b> <b>Unit G</b> <b>Evanston, IL 60202</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Wages</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
2.774	<p>Priority creditor's name and mailing address</p> <p><b>Parus, Allison</b> <b>899 S Plymouth Ct</b> <b>Apt 1101</b> <b>Chicago, IL 60605</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Wages</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.775	Priority creditor's name and mailing address <b>Passley, Jhanelle</b> <b>3900 W Broward Blvd</b> <b>APT 204</b> <b>Fort Lauderdale, FL 33312</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.776	Priority creditor's name and mailing address <b>Patafio, Nicole</b> <b>19 Colonial Road</b> <b>Unit 6</b> <b>Stamford, CT 06906</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.777	Priority creditor's name and mailing address <b>Patrick, Jennifer</b> <b>10421 Watoga Way</b> <b>Cornelius, NC 28031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.778	Priority creditor's name and mailing address <b>Patterson, Jennifer J</b> <b>1114-A Willow Street</b> <b>Alameda, CA 94501</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.779	Priority creditor's name and mailing address <b>Patton, Lena H.</b> <b>201 N. McDowell St</b> <b>#30654</b> <b>Charlotte, NC 28230</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.780	Priority creditor's name and mailing address <b>Paz Uberta, Mariana</b> <b>1512 Leslie Ave</b> <b>Round Lake, IL 60073</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.781	Priority creditor's name and mailing address <b>Pearson, Jewel, B.</b> <b>171 Country Ln.</b> <b>Mobile, AL 36608</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.782	Priority creditor's name and mailing address <b>Pease, Caitlin</b> <b>6179 Snell Avenue</b> <b>San Jose, CA 95123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.783	Priority creditor's name and mailing address <b>Pena, Briana</b> <b>1416 W Huron St</b> <b>2R</b> <b>Chicago, IL 60642</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.784	Priority creditor's name and mailing address <b>Peregrino619, Noelle Lynn</b> <b>2233 NW 58th St</b> <b>Unit</b> <b>Seattle, WA 98107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.785	Priority creditor's name and mailing address <b>Perez, Crystal L.</b> <b>29324 Dixon St. #4</b> <b>CA 94554</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.786	Priority creditor's name and mailing address <b>Persaud, Vieanna</b> <b>81 Saint James Terrace</b> <b>NY 10744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.787	Priority creditor's name and mailing address <b>Peter, Audrey G.</b> <b>11424 NE 67th Street</b> <b>Apt 8</b> <b>Kirkland, WA 98033</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.788	Priority creditor's name and mailing address <b>Petrusich, Judith</b> <b>1510 Dempster</b> <b>Apt 306</b> <b>Mount Prospect, IL 60056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.789	Priority creditor's name and mailing address <b>Phelps, Myung J.</b> <b>600 W. Washington</b> <b>Unit 2Q</b> <b>Lake Bluff, IL 60044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.790	Priority creditor's name and mailing address <b>Phommatheth, Misty</b> <b>1000 N La Salle Dr</b> <b>Apt 511</b> <b>Chicago, IL 60610</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.791	Priority creditor's name and mailing address <b>Piccione, Melissa J.</b> <b>Apt 201</b> <b>Sunrise, FL 33351</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.792	Priority creditor's name and mailing address <b>Piedrahita Gil, Cindy M.</b> <b>2607 Flamango Lake Drive</b> <b>West Palm Beach, FL 33406</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.793	Priority creditor's name and mailing address <b>Pieprznik, Marianne J.</b> <b>7817 W. Summerdale Ave.</b> <b>Chicago, IL 60656</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.794	Priority creditor's name and mailing address <b>Pimentel, Victoria</b> <b>2062 Norwich Ct.</b> <b>Glenview, IL 60026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.795	Priority creditor's name and mailing address <b>Pisto, Rachel A.</b> <b>2030 NW Mullridge PL</b> <b>Unit S201</b> <b>Issaquah, WA 98027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.796	Priority creditor's name and mailing address <b>Plante, Kristen D.</b> <b>10229 NW 48th Ct.</b> <b>Coral Springs, FL 33076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.797	Priority creditor's name and mailing address <b>Platt, Samantha</b> <b>10519 NW 36th St</b> <b>Coral Springs, FL 33065</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.798	Priority creditor's name and mailing address <b>Pletikosic, Breeann L.</b> <b>1390 Arlington Road</b> <b>Livermore, CA 94551</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.799	Priority creditor's name and mailing address <b>Plotnick, Samantha</b> <b>360 West Illinois Street Unit</b> <b>Chicago, IL 60654</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.800	Priority creditor's name and mailing address <b>Poe, Stephanie A.</b> <b>45515 SE 140th Street</b> <b>North Bend, WA 98045</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.801	Priority creditor's name and mailing address <b>Poerio, Heather S.</b> <b>22530 Sw 56th Ave</b> <b>Boca Raton, FL 33433</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.802	Priority creditor's name and mailing address <b>Pollack, Haley B.</b> <b>112 Longwood Dr.</b> <b>Savannah, GA 31405</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.803	Priority creditor's name and mailing address <b>Pons, Katherine</b> <b>1109 Cheetah Trail</b> <b>Winter Springs, FL 32708</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.804	Priority creditor's name and mailing address <b>Popp, Brittany A.</b> <b>2511 N. Milwaukee Ave. #2S</b> <b>Chicago, IL 60647</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.805	Priority creditor's name and mailing address <b>Prada, Marlene</b> <b>8425 SW 120 St</b> <b>Miami, FL 33156</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.806	Priority creditor's name and mailing address <b>Precup, Georgeta E.</b> <b>65 Michael Rd</b> <b>Stamford, CT 06903</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.807	Priority creditor's name and mailing address <b>Premarlani, Karina R.</b> <b>1558 SE Minorca Ave</b> <b>Port Saint Lucie, FL 34952</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.808	Priority creditor's name and mailing address <b>Pretto, Yolimar</b> <b>609 Woodland Creek Blvd.</b> <b>Kissimmee, FL 34744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.809	Priority creditor's name and mailing address <b>Pugh, James B.</b> <b>32 General Canby Dr.</b> <b>Spanish Fort, AL 36527</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.810	Priority creditor's name and mailing address <b>Pugh, Samantha H.</b> <b>23-20 Bell Blvd</b> <b>Apt. 3A</b> <b>Bayside, NY 11360</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.811	Priority creditor's name and mailing address <b>Quigley, Mary J.</b> <b>419 N. Humphrey Ave.</b> <b>Oak Park, IL 60302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.812	Priority creditor's name and mailing address <b>Quinn, Alexa</b> <b>1222 Goldenrod Ln</b> <b>Hoffman Estates, IL 60192</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.813	Priority creditor's name and mailing address <b>Quinones, Joy</b> <b>634 Bittern Ct.</b> <b>Kissimmee, FL 34759</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.814	Priority creditor's name and mailing address <b>Rabara, Fleurdaliza</b> <b>2577 Nordell Ave</b> <b>Castro Valley, CA 94546</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.815	Priority creditor's name and mailing address <b>Rainveill, Megan C.</b> <b>16232 Birchwood Way</b> <b>Orlando, FL 32828</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.816	Priority creditor's name and mailing address <b>Ramirez Sigala, Elisa</b> <b>5 Linden Rd</b> <b>Watsonville, CA 95076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.817	Priority creditor's name and mailing address <b>Ramirez, Maritza</b> <b>2932 W. 25th Street</b> <b>Chicago, IL 60623</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.818	Priority creditor's name and mailing address <b>Ramirez, Suzanna</b> <b>10136 Regent Square Dr.</b> <b>Orlando, FL 32825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.819	Priority creditor's name and mailing address <b>Ramos, Angie</b> <b>3420 NW 1st St</b> <b>Apt 635</b> <b>Pompano Beach, FL 33069</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.820	Priority creditor's name and mailing address <b>Ramos, Emma</b> <b>1372 Ct Marguerite</b> <b>Hanover Park, IL 60133</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.821	Priority creditor's name and mailing address <b>Ramos, Francisca M.</b> <b>3900 Wesley Way</b> <b>El Sobrante, CA 94803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.822	Priority creditor's name and mailing address <b>Rapp, Ashlie</b> <b>4055 North Wolcott Ave</b> <b>Unit 1N</b> <b>Chicago, IL 60613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.823	Priority creditor's name and mailing address <b>Razzani, Roxanne</b> <b>1881 Carollee Lane</b> <b>Winter Park, FL 32789</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.824	Priority creditor's name and mailing address <b>Redd, Leigh</b> <b>7531 Coastal Way</b> <b>Huntersville, NC 28078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.825	Priority creditor's name and mailing address <b>Reed, Ruth A.</b> <b>3122 206th PL SW</b> <b>Lynnwood, WA 98036</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.826	Priority creditor's name and mailing address <b>Reed, Yolanda C.</b> <b>8644 Niles Center Rd.</b> <b>Apt. 2</b> <b>Skokie, IL 60077</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.827	Priority creditor's name and mailing address <b>Reid, Carlette L.</b> <b>9529 Brackenvew Court</b> <b>Charlotte, NC 28214</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.828	Priority creditor's name and mailing address <b>Reijm, Hannah A.</b> <b>16124 81st Ave E</b> <b>Puyallup, WA 98375</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.829	Priority creditor's name and mailing address <b>Renda, Christian</b> <b>450 Orange Ave.</b> <b>Saint Cloud, FL 34769</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.830	Priority creditor's name and mailing address <b>Rettinger, Sabrina</b> <b>6565 Brooklyn Heights Street</b> <b>Las Vegas, NV 89166</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.831	Priority creditor's name and mailing address <b>Reveron, Jennifer</b> <b>508 Roy Blvd.</b> <b>Altamonte Springs, FL 32701</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.832	Priority creditor's name and mailing address <b>Reynolds-Johnson, Toi A.</b> <b>8425 River Birch Drive</b> <b>Apt. 206</b> <b>Charlotte, NC 28210</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.833	Priority creditor's name and mailing address <b>Ribeiro, Allison W.</b> <b>1628 Ellsworth St</b> <b>Mount Pleasant, SC 29466</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.834	Priority creditor's name and mailing address <b>Richardson, Lauren</b> <b>161 West Kinzie St. #1503</b> <b>Chicago, IL 60654</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.835	Priority creditor's name and mailing address <b>Richey, Suzanne W.</b> <b>5622 Silverstar Ct.</b> <b>Milton, FL 32583</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.836	Priority creditor's name and mailing address <b>Riego, Darlyng V.</b> <b>2706 Arrowwood Ct.</b> <b>Pembroke Pines, FL 33328</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.837	Priority creditor's name and mailing address <b>Riego, Darlyng V.</b> <b>2706 Arrowwood Ct.</b> <b>Davie, FL 33328</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.838	Priority creditor's name and mailing address <b>Rinehardt, Amy K.</b> <b>13932 Connor Rd</b> <b>Gold Hill, NC 28071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.839	Priority creditor's name and mailing address <b>Riordan, Carina L.</b> <b>7309 Sand Point Way NE</b> <b>Apt B721</b> <b>Seattle, WA 98115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.840	Priority creditor's name and mailing address <b>Rios, Iris M.</b> <b>3039 N. Honore St.</b> <b>Chicago, IL 60657</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.841	Priority creditor's name and mailing address <b>Rios, Marie A.</b> <b>4671 SW 70th Terrace</b> <b>Fort Lauderdale, FL 33314</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.842	Priority creditor's name and mailing address <b>Rios, Mercedes</b> <b>38446 Creek Ct.</b> <b>Waukegan, IL 60087</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.843	Priority creditor's name and mailing address <b>Ripoli, Kelly</b> <b>508 Bristol Dr.</b> <b>Altamonte Springs, FL 32714</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.844	Priority creditor's name and mailing address <b>Ritchey, Michael</b> <b>3108 Pacific Avenue</b> <b>Manhattan Beach, CA 90266</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b> <b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.845	Priority creditor's name and mailing address <b>Rivas, Jessica</b> <b>526 Algonquin</b> <b>Joliet, IL 60432</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.846	Priority creditor's name and mailing address <b>Rivera Reyes, Sheila</b> <b>4325 Hector Court</b> <b>Apt 7</b> <b>Orlando, FL 32822</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.847	Priority creditor's name and mailing address <b>Rivera, Charlene</b> <b>5266 NE 6th Ave</b> <b>28F</b> <b>Oakland Park, FL 33334</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.848	Priority creditor's name and mailing address <b>Rivera, Elisha</b> <b>609 Deer Run Ct.</b> <b>Casselberry, FL 32707</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.849	Priority creditor's name and mailing address <b>Rivera, Lizandra</b> <b>3420 N. Kildare Ave.</b> <b>Chicago, IL 60641</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.850	Priority creditor's name and mailing address <b>Rivera, Yolanda G.</b> <b>41777 Grimmer Boulevard</b> <b>Apt. C4</b> <b>San Ramon, CA 94538</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.851	Priority creditor's name and mailing address <b>Rizo, Dnieta</b> <b>109 Seabreeze Circle</b> <b>Kissimmee, FL 34743</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.852	Priority creditor's name and mailing address <b>Rizzato, Susan M.</b> <b>3150 N. Sheridan</b> <b>#3c</b> <b>Chicago, IL 60657</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.853	Priority creditor's name and mailing address <b>Roa, Carla</b> <b>612 Escalona Drive</b> <b>Santa Cruz, CA 95060</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.854	Priority creditor's name and mailing address <b>Roa, Carla</b> <b>612 Escalona Drive</b> <b>Santa Cruz, CA 95060</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.855	Priority creditor's name and mailing address <b>Roberts, Logan, S.</b> <b>176 Red Knot Ln</b> <b>Mount Pleasant, SC 29464</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.856	Priority creditor's name and mailing address <b>Roberts, Patrice</b> <b>6641 Leyland Park Dr.</b> <b>San Jose, CA 95120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.857	Priority creditor's name and mailing address <b>Roberts, Sharon M.</b> <b>339 Clayton Dr.</b> <b>Charleston, SC 29414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.858	Priority creditor's name and mailing address <b>Robinson, Dale-Earle A.</b> <b>40 East Sidney Ave</b> <b>Apt 11h</b> <b>Mount Vernon, NY 10550</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.859	Priority creditor's name and mailing address <b>Robinson, Jacqueline</b> <b>4006 Colleen St.</b> <b>Moss Point, MS 39563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.860	Priority creditor's name and mailing address <b>Robinson, Ryan</b> <b>11657 Wesntwood Ct.</b> <b>Daphne, AL 36526</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.861	Priority creditor's name and mailing address <b>Rock, Jennifer L.</b> <b>11118 S. Sacramento Ave</b> <b>Chicago, IL 60655</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.862	Priority creditor's name and mailing address <b>Rodreiguez, Glenda L.</b> <b>2913 Western Willow Ter</b> <b>Orlando, FL 32808</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.863	Priority creditor's name and mailing address <b>Rodriguez, Brian M</b> <b>4111 N. Maplewood</b> <b>Chicago, IL 60618</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.864	Priority creditor's name and mailing address <b>Rodriguez, Brittany N.</b> <b>6040 SW 35th St</b> <b>Rear Apt</b> <b>Miramar, FL 33023</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.865	Priority creditor's name and mailing address <b>Rodriguez, Eudenys</b> <b>830 Hendry Dr.</b> <b>Orlando, FL 32822</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.866	Priority creditor's name and mailing address <b>Rodriguez, Kimberly M.</b> <b>1806 Congressional W</b> <b>Deerfield Beach, FL 33442</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.867	Priority creditor's name and mailing address <b>Rodriguez, Nairobi</b> <b>5469 Wiles Road</b> <b>APT 104</b> <b>Coconut Creek, FL 33073</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.868	Priority creditor's name and mailing address <b>Rodriguez-Montolio, Giselle</b> <b>30 Lake Terrace</b> <b>Tarrytown, NY 10591</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.869	Priority creditor's name and mailing address <b>Roe, Sophia</b> <b>2375 Repoll Rd.</b> <b>Mobile, AL 36695</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.870	Priority creditor's name and mailing address <b>Rohaem, Raga</b> <b>22065 Palms Way, Apt 201</b> <b>Boca Raton, FL 33433</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.871	Priority creditor's name and mailing address <b>Rojas, Evelyn</b> <b>4954 N. Bell Ave.</b> <b>Chicago, IL 60625</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.872	Priority creditor's name and mailing address <b>Rollins, Kristine</b> <b>28061 Thorup Lane</b> <b>Hayward, CA 94542</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.873	Priority creditor's name and mailing address <b>Roman, Tracy L.</b> <b>205 Anson St.</b> <b>Stratford, CT 06614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.874	Priority creditor's name and mailing address <b>Romine, Lori A.</b> <b>10411 10th Avenue SW</b> <b>Seattle, WA 98146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.875	Priority creditor's name and mailing address <b>Ropski, Jennifer</b> <b>205 W Pine Ave</b> <b>Roselle, IL 60172</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.876	Priority creditor's name and mailing address <b>Rorke, Danielle L.</b> <b>23430 97th PL W</b> <b>Edmonds, WA 98020</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.877	Priority creditor's name and mailing address <b>Rosales, Janet</b> <b>619 Bayview Point</b> <b>Schaumburg, IL 60194</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.878	Priority creditor's name and mailing address <b>Rosecrans, Susan S.</b> <b>1111 Greenwood Ave.</b> <b>Deerfield, IL 60015</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.879	Priority creditor's name and mailing address <b>Rosensteel, Christina M.</b> <b>640 Dorothy Dr</b> <b>Charlotte, NC 28203</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.880	Priority creditor's name and mailing address <b>Ross, Breanne M.</b> <b>6226 33rd Ave NE</b> <b>Seattle, WA 98115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.881	Priority creditor's name and mailing address <b>Rossi, Rosa</b> <b>4401 N. Ottawa</b> <b>Harwood Heights, IL 60706</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.882	Priority creditor's name and mailing address <b>Rotter, Krista</b> <b>2213 Hastings Drive</b> <b>#67</b> <b>Belmont, CA 94002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.883	Priority creditor's name and mailing address <b>Rowe, Katherine M.</b> <b>2427 NW 59th Street - 202</b> <b>Seattle, WA 98108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.884	Priority creditor's name and mailing address <b>Rowland, Shannon</b> <b>1458 Nantahala Blvd.</b> <b>Mount Pleasant, SC 29464</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.885	Priority creditor's name and mailing address <b>Rozler, Yana M.</b> <b>720 Ballantrae Dr</b> <b>Unit B</b> <b>Northbrook, IL 60062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.886	Priority creditor's name and mailing address <b>Rueckheim, Laura A.</b> <b>808 Park Ave</b> <b>Collingswood, NJ 08108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.887	Priority creditor's name and mailing address <b>Rugusa, Pamela C.</b> <b>225 Ballentine St.</b> <b>Fuquay Varina, NC 27526</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.888	Priority creditor's name and mailing address <b>Ruhl, Samantha A.</b> <b>PO Box 33011</b> <b>Seattle, WA 98133</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.889	Priority creditor's name and mailing address <b>Ruhl, Suzanne E.</b> <b>PO Box 33011</b> <b>Seattle, WA 98133</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.890	Priority creditor's name and mailing address <b>Ruiz, Elizabeth</b> <b>3724 Hardwood Ct</b> <b>Melbourne, FL 32935</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	IntegraMed America, Inc.		Case number (if known)	20-11170 (LSS)	
	Name				
2.891	Priority creditor's name and mailing address <b>Rupczynski, Ashley</b> <b>329 Bristol Lane</b> <b>Fox River Grove, IL 60021</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.892	Priority creditor's name and mailing address <b>Rustick, Tracey</b> <b>2398 Walters Way</b> <b>Apt. 22</b> <b>Concord, CA 94520</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.893	Priority creditor's name and mailing address <b>Sachdev, Mala V.</b> <b>7482 Stoneleaf Road</b> <b>San Ramon, CA 94582-2000</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.894	Priority creditor's name and mailing address <b>Sadler, Frances</b> <b>216 Pecan Ave.</b> <b>Fairhope, AL 36532</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.895	Priority creditor's name and mailing address <b>Sadorf, Dawn</b> <b>408 Eagle Point Dr.</b> <b>Chapin, SC 29036</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.896	Priority creditor's name and mailing address <b>Saffioti, Stephanie L.</b> <b>5800 SW 87th Way</b> <b>Cooper City, FL 33328</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.897	Priority creditor's name and mailing address <b>Salazar, Brian</b> <b>2617 Arf Avenue</b> <b>Hayward, CA 94545</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.898	Priority creditor's name and mailing address <b>Sanchez, Cynthia</b> <b>2021 Sierra Road</b> <b>Unit C</b> <b>Concord, CA 94518</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.899	Priority creditor's name and mailing address <b>Sanchez, Melinda</b> <b>4229 S. Fairfield</b> <b>Chicago, IL 60632</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.900	Priority creditor's name and mailing address <b>Santiago, Jennifer L.</b> <b>2677 Camden Street</b> <b>Geneva, IL 60134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.901	Priority creditor's name and mailing address <b>Sanz, Juan S.</b> <b>2117 Stafford Ct</b> <b>Plainfield, IL 60586</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.902	Priority creditor's name and mailing address <b>Saucier, Tiffany L.</b> <b>712 Champagne Dr.</b> <b>Biloxi, MS 39532</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.903	Priority creditor's name and mailing address <b>Sauls, Mary L.</b> <b>2800 Elliott Ave</b> <b>Apt 226</b> <b>Seattle, WA 98121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.904	Priority creditor's name and mailing address <b>Sawyer, Christine</b> <b>121829 102nd NE</b> <b>Kirkland, WA 98034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.905	Priority creditor's name and mailing address <b>Sawyer, Tina M.</b> <b>10610 Westgate Club Drive</b> <b>#403</b> <b>Raleigh, NC 27617</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.906	Priority creditor's name and mailing address <b>Schall Maria Ruby</b> <b>16 N. Oxalis Ave.</b> <b>Orlando, FL 32807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.907	Priority creditor's name and mailing address <b>Schall, Maria Ruby</b> <b>16 N. Oxalis Avenue</b> <b>Orlando, FL 32807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.908	Priority creditor's name and mailing address <b>Scharnhorst, Jodene C.</b> <b>19206 SE 43rd Place</b> <b>Issaquah, WA 98027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.909	Priority creditor's name and mailing address <b>Schmitz, Michael J.</b> <b>91 Bullet Hole Road</b> <b>Mahopac, NY 10541</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.910	Priority creditor's name and mailing address <b>Schneider, Kimberly D.</b> <b>11461 Kenley Cir</b> <b>Orlando, FL 32824</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.911	Priority creditor's name and mailing address <b>Schoenthaler, Macy</b> <b>60 Kenwood court</b> <b>Oakley, CA 94561</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.912	Priority creditor's name and mailing address <b>Schulz, Courtney, L</b> <b>7 SE Highway 450</b> <b>Umatilla, FL 32784</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.913	Priority creditor's name and mailing address <b>Sciandra, Susan</b> <b>5338 NW 58th Terrace</b> <b>Coral Springs, FL 33067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.914	Priority creditor's name and mailing address <b>Segroves, Jamie</b> <b>137 Rldge Top Rd.</b> <b>Lexington, SC 29072</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.915	Priority creditor's name and mailing address <b>Seipel, Noelle</b> <b>#2</b> <b>Chicago, IL 60618</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.916	Priority creditor's name and mailing address <b>Senstra, Bradley J.</b> <b>1333 N. 79th St.</b> <b>Seattle, WA 98103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.917	Priority creditor's name and mailing address <b>Sepcoski, John</b> <b>859 West Ave.</b> <b>Wilkes Barre, PA 18702</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.918	Priority creditor's name and mailing address <b>Serrano, Nizza</b> <b>58 Belshaw Street</b> <b>Antioch, CA 94509</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor <b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known) <b>20-11170 (LSS)</b>		
2.919	Priority creditor's name and mailing address <b>Shadzi, Lindsay M.</b> <b>2738 Silveraddo Lane</b> <b>Livermore, CA 94550</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.920	Priority creditor's name and mailing address <b>Shah, Lesha</b> <b>1890 Lucille Lane</b> <b>Hanover Park, IL 60133</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.921	Priority creditor's name and mailing address <b>Shah, Mila H.</b> <b>1603 Della Drive</b> <b>Hoffman Estates, IL 60169</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.922	Priority creditor's name and mailing address <b>Shah, Tejal</b> <b>8140 Paddington Rd</b> <b>Woodridge, IL 60517</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.923	Priority creditor's name and mailing address <b>Shamoun, Carmen</b> <b>2878 Curtis St.</b> <b>Des Plaines, IL 60018</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.924	Priority creditor's name and mailing address <b>Sharp, Joy C.</b> <b>205 Concord Lane</b> <b>Carol Stream, IL 60188</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.925	Priority creditor's name and mailing address <b>Shechter, Judah</b> <b>4 Linda Road</b> <b>East Brunswick, NJ 08816</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.926	Priority creditor's name and mailing address <b>Shekhler, Helen</b> <b>7108 Niles</b> <b>Niles, IL 60714</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.927	Priority creditor's name and mailing address <b>Shelton, Ashlie N.</b> <b>1417 8th Stree NE</b> <b>Apt R-1</b> <b>Auburn, WA 98002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.928	Priority creditor's name and mailing address <b>Shifflett, Tammie</b> <b>1461 NE 57 Place</b> <b>Fort Lauderdale, FL 33334</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.929	Priority creditor's name and mailing address <b>Shijo, Sara</b> <b>5508 33rd Ave NE</b> <b>Seattle, WA 98105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.930	Priority creditor's name and mailing address <b>Shuster, Margarita</b> <b>3056 Glenway Dr.</b> <b>Northbrook, IL 60062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.931	Priority creditor's name and mailing address <b>Sieber, Leslie E.</b> <b>1310 Briarfield Ave</b> <b>Charleston, SC 29412</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.932	Priority creditor's name and mailing address <b>Silva, Marcos M.</b> <b>5637 Lincoln St.</b> <b>Hollywood, FL 33021</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.933	Priority creditor's name and mailing address <b>Simmons, Jessica A.</b> <b>9242 Edgevale Dr</b> <b>Charlotte, NC 28216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.934	Priority creditor's name and mailing address <b>Simpson, Amy E.</b> <b>175 Davidson Court</b> <b>Brentwood, CA 94513</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor <b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known) <b>20-11170 (LSS)</b>		
2.935	Priority creditor's name and mailing address <b>Sinishtaj, Angelina</b> <b>5240 NE 14th Way</b> <b>Unit #5</b> <b>Fort Lauderdale, FL 33334</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.936	Priority creditor's name and mailing address <b>Sinkler, Maria E.</b> <b>1281 Blue Sky Lane</b> <b>Charleston, SC 29492</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.937	Priority creditor's name and mailing address <b>Sinkova, Natalya</b> <b>7239 Sand Point Way NE</b> <b>Apt 409</b> <b>Seattle, WA 98115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.938	Priority creditor's name and mailing address <b>Skinner, Alexa N.</b> <b>10900 Warren Rd. NW</b> <b>Silverdale, WA 98383</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.939	Priority creditor's name and mailing address <b>Slack, Nicole R.</b> <b>17060 113th Ter N</b> <b>Jupiter, FL 33478</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.940	Priority creditor's name and mailing address <b>Smith, Amy</b> <b>8634 184th St. SW</b> <b>Edmonds, WA 98026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.941	Priority creditor's name and mailing address <b>Smith, Lindsay</b> <b>840 Plaza Drive</b> <b>San Jose, CA 95125</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.942	Priority creditor's name and mailing address <b>Smith, Marcia A.</b> <b>4926 NW 52nd Ct</b> <b>Tamarac, FL 33319</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.943	Priority creditor's name and mailing address <b>Smith, Monica</b> <b>21837 Jeffery Ave</b> <b>3 B</b> <b>Chicago Heights, IL 60411</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.944	Priority creditor's name and mailing address <b>Smith, Samantha</b> <b>1623 Fortmann Way</b> <b>Alameda, CA 94501</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.945	Priority creditor's name and mailing address <b>Smith, Sandra</b> <b>5000 Bayside Look</b> <b>Apt 215</b> <b>Oviedo, FL 32765</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.946	Priority creditor's name and mailing address <b>Smith, Sarah</b> <b>5708 NW 47th Ln</b> <b>Tamarac, FL 33319</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor <b>IntegraMed America, Inc.</b> Name	Case number (if known) <b>20-11170 (LSS)</b>		
2.947	Priority creditor's name and mailing address <b>Smith, Scott K.</b> <b>11879 Sweetbriar Ln</b> <b>San Diego, CA 92131</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.948	Priority creditor's name and mailing address <b>Smith-Miller, Beverley A.</b> <b>1749 NW 80th Avenue</b> <b>#36-I</b> <b>Margate, FL 33063</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.949	Priority creditor's name and mailing address <b>Sneed, Norma</b> <b>116 Waterleaf Place</b> <b>Clayton, NC 27527</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.950	Priority creditor's name and mailing address <b>Snyder, Alyson T.</b> <b>112 Mill Wheel Drive</b> <b>Lexington, SC 29072</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.951	Priority creditor's name and mailing address <b>Snyder, Wendy A.</b> <b>101 Sunset Oaks Drive</b> <b>Holly Springs, NC 27540</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.952	Priority creditor's name and mailing address <b>Sokolova, Anna</b> <b>12647 River Creek Dr.</b> <b>Fairhope, AL 36532</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.953	Priority creditor's name and mailing address <b>Sokolowski, Sabrina</b> <b>7191 Oak Briar Dr N</b> <b>Mobile, AL 36619</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.954	Priority creditor's name and mailing address <b>Solano, Rodrigo A.</b> <b>373 Atherton Ave</b> <b>Pittsburg, CA 94565</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.955	Priority creditor's name and mailing address <b>Soucy, Melinda</b> <b>9245 Shallcross Way</b> <b>Raleigh, NC 27617</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.956	Priority creditor's name and mailing address <b>South Carolina Department of Revenue</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Taxing authority</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.957	Priority creditor's name and mailing address <b>Spadaccino, Thomas</b> <b>43 Red Fox Ln</b> <b>Brewster, NY 10509</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.958	Priority creditor's name and mailing address <b>Spatz, Jill M.</b> <b>804 Kimballwood Ln</b> <b>Highland Park, IL 60035</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.959	Priority creditor's name and mailing address <b>Spencer, Chelsea</b> <b>211 Jewel Terrace</b> <b>San Ramon, CA 94583</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.960	Priority creditor's name and mailing address <b>Sphar, Danielle</b> <b>4017 Kingsgate Place</b> <b>Apt E</b> <b>Charlotte, NC 28211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.961	Priority creditor's name and mailing address <b>Spolarich, Emily</b> <b>10640 S. Seeley Ave.</b> <b>Chicago, IL 60643</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.962	Priority creditor's name and mailing address <b>Stanton, Amanda N.</b> <b>355 Raleigh Pl</b> <b>Oviedo, FL 32765</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.963	Priority creditor's name and mailing address <b>Stephens, Camerron L.</b> <b>2907 N. Hamilton Street</b> <b>Spokane, WA 99207</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.964	Priority creditor's name and mailing address <b>Stephens, Tochara</b> <b>5540 Monte Carlo Ln</b> <b>Margate, FL 33068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.965	Priority creditor's name and mailing address <b>Stern, Jordan</b> <b>2838 Crestscene Trail</b> <b>Raleigh, NC 27603</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.966	Priority creditor's name and mailing address <b>Still, Sarah E.</b> <b>12305 109th Ave Ct E</b> <b>Puyallup, WA 98374</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.967	Priority creditor's name and mailing address <b>Stimson, Tanna M.</b> <b>7077 Kentfield Drive</b> <b>Shingle Springs, CA 95682</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.968	Priority creditor's name and mailing address <b>Stocks, Scarlet</b> <b>82 Plantation Pointe</b> <b>No. 249</b> <b>Fairhope, AL 36532</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.969	Priority creditor's name and mailing address <b>Stouffer, Carol</b> <b>9 Courtney Lane</b> <b>Danville, CA 94506</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.970	Priority creditor's name and mailing address <b>Streely, Linda</b> <b>3918 Meridian Point Ct.</b> <b>Las Vegas, NV 89147</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.971	Priority creditor's name and mailing address <b>Strong, Heidi M.</b> <b>9936 Orchard Ave SE</b> <b>Olalla, WA 98359</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.972	Priority creditor's name and mailing address <b>Suansing, Heidi</b> <b>1618 Rio Cove Court</b> <b>Orlando, FL 32825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.973	Priority creditor's name and mailing address <b>Suarez, Lauren A.</b> <b>8336 Dundee Terrace</b> <b>Miami Lakes, FL 33016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.974	Priority creditor's name and mailing address <b>Subramani, Christina</b> <b>3723 Coral Tree Circle</b> <b>Coconut Beach, FL 33073</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.975	Priority creditor's name and mailing address <b>Sully, Linda</b> <b>4201 NW 34th St.</b> <b>Apt. 213</b> <b>Lauderdale Lakes, FL 33319</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.976	Priority creditor's name and mailing address <b>Surali, Sunanda N.</b> <b>4325 Ivy Lane</b> <b>Glenview, IL 60026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.977	Priority creditor's name and mailing address <b>Swafford-Abalos, Connie L</b> <b>13551 Byron Hwy</b> <b>Byron, CA 94514</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.978	Priority creditor's name and mailing address <b>Swanson, Anneleise</b> <b>1741 Matheson Avenue</b> <b>Charlotte, NC 28205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.979	Priority creditor's name and mailing address <b>Swanson, Janet</b> <b>1348 Pinehurst Dr</b> <b>Glenview, IL 60025</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.980	Priority creditor's name and mailing address <b>Swiniuch, Jennifer L.</b> <b>7814 Sunset Drive</b> <b>Elmwood Park, IL 60707</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.981	Priority creditor's name and mailing address <b>Szacilo, Dominika</b> <b>1503 W George St</b> <b>Chicago, IL 60657</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.982	Priority creditor's name and mailing address <b>Ta, Anh</b> <b>1557 Aborn Road</b> <b>San Jose, CA 95121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.983	Priority creditor's name and mailing address <b>Tacheny, Robert R.</b> <b>24 N. Altamont Ave</b> <b>Thurmont, MD 21788</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.984	Priority creditor's name and mailing address <b>Taghi Zadeh, Sima</b> <b>282 S. Overlook D</b> <b>San Ramon, CA 94582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.985	Priority creditor's name and mailing address <b>Tait, Michelle M.</b> <b>1316 E. Hawthorne Circle</b> <b>Hollywood, FL 33021</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.986	Priority creditor's name and mailing address <b>Taylor, Healther M.</b> <b>1192 Aruba Circle</b> <b>Charleston, SC 29412</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.987	Priority creditor's name and mailing address <b>Taylor, Tyl H.</b> <b>13925 Daltrey Ln.</b> <b>Charlotte, NC 28277</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.988	Priority creditor's name and mailing address <b>Teres, Rishona S.</b> <b>1570 Grove Ter</b> <b>Winter Park, FL 32789</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.989	Priority creditor's name and mailing address <b>Teresi, Stuart</b> <b>10 Shaker Lane</b> <b>Stormville, NY 12582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.990	Priority creditor's name and mailing address <b>Thach, Beauletta</b> <b>14109 Springwater Dr</b> <b>Matthews, NC 28105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.991	Priority creditor's name and mailing address <b>Thacker, Julie</b> <b>2049 SE Dranson Circle</b> <b>Port Saint Lucie, FL 34952</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.992	Priority creditor's name and mailing address <b>Thompson, Erica B.</b> <b>9180 Oak Alley Drive</b> <b>Lake Worth, FL 33467</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.993	Priority creditor's name and mailing address <b>Thompson, Sara A.</b> <b>9750 NW 45th Manor</b> <b>Coral Springs, FL 33065</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.994	Priority creditor's name and mailing address <b>Thompson, Sarah M.</b> <b>911 N. 47th Street</b> <b>Seattle, WA 98103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.995	Priority creditor's name and mailing address <b>Thompson-Wrench, Stacia</b> <b>7318 35th Ave NE</b> <b>Apt 1A</b> <b>Seattle, WA 98115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.996	Priority creditor's name and mailing address <b>Thomson, Heather</b> <b>1169 Aspen Drive</b> <b>Concord, CA 94520</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.997	Priority creditor's name and mailing address <b>Tibbetts, Amber J.</b> <b>583 Brantley Terrace Way</b> <b>Unite 309</b> <b>Altamonte Springs, FL 32714</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.998	Priority creditor's name and mailing address <b>Tiemeyer, Molly J.</b> <b>1365 N. Tanzanite St</b> <b>Post Falls, ID 83854</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.999	Priority creditor's name and mailing address <b>Tierney, Brian</b> <b>1750 N. Walnut Rd.</b> <b>No. 43</b> <b>Las Vegas, NV 89115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1000	Priority creditor's name and mailing address <b>Tobias, Tamara M.</b> <b>16307 Reserive Drive SE</b> <b>North Bend, WA 98045</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1001	Priority creditor's name and mailing address <b>Tomchak, Emily R.</b> <b>809 Olive Way, 1605</b> <b>Seattle, WA 98101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1002	Priority creditor's name and mailing address <b>Toppo, Susan</b> <b>39 Tower Hill Drive</b> <b>Port Chester, NY 10573</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1003	Priority creditor's name and mailing address <b>Torres Ocegueda, Maria E.</b> <b>211 Elm St</b> <b>San Mateo, CA 94401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1004	Priority creditor's name and mailing address <b>Torres, Adrianna M.</b> <b>1403 Park Avenue</b> <b>Winthrop Harbor, IL 60096</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1005	Priority creditor's name and mailing address <b>Tosli, Natalie</b> <b>3154 W, Grace St.</b> <b>Unit 2</b> <b>Chicago, IL 60618</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1006	Priority creditor's name and mailing address <b>Towe, Sarah</b> <b>20410 Southshore Drive</b> <b>Cornelius, NC 28031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor <b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known) <b>20-11170 (LSS)</b>		
2.1007	Priority creditor's name and mailing address <b>Tra-Cole, Shadae</b> <b>2006 Castleton Ct</b> <b>Apt. E</b> <b>Belmont, NC 28012</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1008	Priority creditor's name and mailing address <b>Tracy, Cynthia L.</b> <b>6401 S. Harlem</b> <b>Chicago, IL 60638</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1009	Priority creditor's name and mailing address <b>Tran, Tien T.</b> <b>7629 199th St. SW</b> <b>Lynnwood, WA 98036</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1010	Priority creditor's name and mailing address <b>Trashani, Gabriella</b> <b>2331 Bellaire Court</b> <b>Des Plaines, IL 60016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1011	Priority creditor's name and mailing address <b>Treasure, Mesha</b> <b>19721 NE 1st Ave.</b> <b>Miami, FL 33179</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1012	Priority creditor's name and mailing address <b>Trezise, Laura J.</b> <b>6809 N. Olmsted #4</b> <b>Chicago, IL 60631</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1013	Priority creditor's name and mailing address <b>Troike, Abigail</b> <b>355 E Ohio St</b> <b>Apt. 4905</b> <b>Chicago, IL 60611</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1014	Priority creditor's name and mailing address <b>Turner, Lauri D.</b> <b>602 Armadillo Dr</b> <b>Deltona, FL 32725</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1015	Priority creditor's name and mailing address <b>Ulmer-Charles, Isunual</b> <b>34391 Old Walnut Circle</b> <b>Gurnee, IL 60031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1016	Priority creditor's name and mailing address <b>Urbick, Julia</b> <b>1274 Hammrick Lane</b> <b>Johns Island, SC 29455</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1017	Priority creditor's name and mailing address <b>Uribe, Leticia</b> <b>637 N Colcannon Drive</b> <b>Mountain House, CA 95391</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1018	Priority creditor's name and mailing address <b>Uslmul, Angela R.</b> <b>7 S Windsor Place</b> <b>Mundelein, IL 60060</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1019	Priority creditor's name and mailing address <b>Utah Department of Revenue</b>  <hr/> Date or dates debt was incurred  <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Taxing authority</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b> <b>Unknown</b>
2.1020	Priority creditor's name and mailing address <b>Valdez, Aliana D.</b> <b>8877 SW 27th Street</b> <b>Miami, FL 33165</b>  <hr/> Date or dates debt was incurred  <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b> <b>Unknown</b>
2.1021	Priority creditor's name and mailing address <b>Valdez, Michelle</b> <b>25 NW 152 St</b> <b>Miami, FL 33169</b>  <hr/> Date or dates debt was incurred  <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b> <b>Unknown</b>
2.1022	Priority creditor's name and mailing address <b>Valencia, Manuela</b> <b>662 Glades Cir</b> <b>Apt. 228</b> <b>Altamonte Springs, FL 32714</b>  <hr/> Date or dates debt was incurred  <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b> <b>Unknown</b>

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1023	Priority creditor's name and mailing address <b>Valenzuela-Garcia, Blanca</b> <b>6254 Bayview Ave</b> <b>San Pablo, CA 94806</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1024	Priority creditor's name and mailing address <b>Van Steen, Carrie A.</b> <b>9 Stonebrooke Drive</b> <b>New Fairfield, CT 06812</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1025	Priority creditor's name and mailing address <b>Vang, Kasey G.</b> <b>13912 Cedar Farm Rd</b> <b>Charlotte, NC 28278</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1026	Priority creditor's name and mailing address <b>Vapion, Michelle R.</b> <b>8662 Beverly Lane</b> <b>Dublin, CA 94568</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor <b>IntegraMed America, Inc.</b> Name	Case number (if known) <b>20-11170 (LSS)</b>		
2.1027	Priority creditor's name and mailing address <b>Vargas Torres, Andrea F.</b> <b>5825 Toscana Pl</b> <b>APT 211</b> <b>Margate, FL 33063</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1028	Priority creditor's name and mailing address <b>Vargas, Jennifer</b> <b>1445 S. Hart Drive</b> <b>Mountain House, CA 95391</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1029	Priority creditor's name and mailing address <b>Vasquez, Justina M.</b> <b>21220 11th Dr. SE</b> <b>Bothell, WA 98021</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1030	Priority creditor's name and mailing address <b>Vazquez, Josephine</b> <b>738 W. Streamwood Blvd.</b> <b>Unite A</b> <b>Streamwood, IL 60107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1031	Priority creditor's name and mailing address <b>Vazquez, Patricia M.</b> <b>6081 Fair Ave</b> <b>Newark, CA 94560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1032	Priority creditor's name and mailing address <b>Vazquez, Sandra</b> <b>1805 Standing Rock Circle</b> <b>Winter Garden, FL 34787</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1033	Priority creditor's name and mailing address <b>Vazquez, Venus C.</b> <b>1235 Creek Woods Cir</b> <b>Saint Cloud, FL 34772</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1034	Priority creditor's name and mailing address <b>Vega, Isabelle</b> <b>2021 W ATLANTIC BLVD APT 111</b> <b>Pompano Beach, FL 33317</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1035	Priority creditor's name and mailing address <b>Vela, Adalicia</b> <b>12713 W. Grove Ave.</b> <b>Waukegan, IL 60085</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1036	Priority creditor's name and mailing address <b>Velasquez-Herrera, Diana</b> <b>2518 N.Parkside</b> <b>Chicago, IL 60639</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1037	Priority creditor's name and mailing address <b>Vickers, Derek A.</b> <b>4606 N. Bemis St.</b> <b>Spokane, WA 99205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1038	Priority creditor's name and mailing address <b>Vidal, Sheila A.</b> <b>13011 Meridian East</b> <b>Apt W105</b> <b>Puyallup, WA 98373</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1039	Priority creditor's name and mailing address <b>Villa, Irma</b> <b>2132 N. Menard</b> <b>Chicago, IL 60639</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1040	Priority creditor's name and mailing address <b>Villamonte, Janelle M.</b> <b>5162 Amberwood Circle</b> <b>Fairfield, CA 94534</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1041	Priority creditor's name and mailing address <b>Virginia Department of Revenue</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Taxing authority</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1042	Priority creditor's name and mailing address <b>Vonasek, Salina</b> <b>1153 Lucero Drive</b> <b>Hollister, CA 95023</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1043	Priority creditor's name and mailing address <b>Vu, Catherine</b> <b>7829 118th Ave SE</b> <b>Renton, WA 98056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1044	Priority creditor's name and mailing address <b>Wachewicz, Rita</b> <b>2 Red Oak Court</b> <b>Buffalo Grove, IL 60089</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1045	Priority creditor's name and mailing address <b>Wade, Natalia</b> <b>7223 N. Claremont Ave</b> <b>Chicago, IL 60645</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1046	Priority creditor's name and mailing address <b>Waibel, Laura L.</b> <b>1749 NE 150th Street</b> <b>Seattle, WA 98155</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1047	Priority creditor's name and mailing address <b>Walker, Kelly</b> <b>7220 N. Fotheringham St</b> <b>Spokane, WA 99208</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1048	Priority creditor's name and mailing address <b>Wallace, Georgina</b> <b>4012 W 192nd Place</b> <b>Lansing, IL 60438</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1049	Priority creditor's name and mailing address <b>Walsh, Nora M.</b> <b>2430 N. Kennicott Dr</b> <b>Unit 2A</b> <b>Arlington Heights, IL 60004</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1050	Priority creditor's name and mailing address <b>Walters, Brian N.</b> <b>416 228th St. SW</b> <b>Unit G101</b> <b>Bothell, WA 98021</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



	Debtor <b>IntegraMed America, Inc.</b> Name	Case number (if known) <b>20-11170 (LSS)</b>		
2.1051	Priority creditor's name and mailing address <b>Walthour, Krystal-Marie H</b> <b>1795 NE 205th Street</b> <b>Apt 212</b> <b>Shoreline, WA 98155</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1052	Priority creditor's name and mailing address <b>Wang, Angela</b> <b>9534 48th Ave NE</b> <b>Seattle, WA 98115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1053	Priority creditor's name and mailing address <b>Wang, Jiarui</b> <b>286 Rockwood Court</b> <b>Yorktown Heights, NY 10598</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1054	Priority creditor's name and mailing address <b>Wardak, Farida</b> <b>27734 Fallen Leaf Court</b> <b>Hayward, CA 94542</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

2.1055	Priority creditor's name and mailing address <b>Washington D.C. Department of Revenue</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Taxing authority</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1056	Priority creditor's name and mailing address <b>Washington, Christina 430 Union Ave Peekskill, NY 10566</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1057	Priority creditor's name and mailing address <b>Waters, Philip E. 2320 Middle Street Sullivans Island, SC 29482</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1058	Priority creditor's name and mailing address <b>Watson, Tiffany D. 2565 Greenlawn Dr Mobile, AL 36605</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1059	Priority creditor's name and mailing address <b>Waz, Anna</b> <b>1406 W. Superior St.</b> <b>Apt. 3R</b> <b>Chicago, IL 60642</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1060	Priority creditor's name and mailing address <b>Webber, Valeri</b> <b>140 Uwapo Rd 39-101</b> <b>Kilauea, HI 96754</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1061	Priority creditor's name and mailing address <b>Weinberg, Mark H.</b> <b>12341 E. Altadena Ave.</b> <b>Scottsdale, AZ 85259</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1062	Priority creditor's name and mailing address <b>Welborn, Holly</b> <b>18621 Explorer Dr.</b> <b>Loxley, AL 36551</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

2.1063	Priority creditor's name and mailing address <b>Welch, Rebecca</b> <b>2804 Pyracantha Court</b> <b>Mount Pleasant, SC 29466</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1064	Priority creditor's name and mailing address <b>Welsh, Jessica G.</b> <b>12321 55th Dr. SE</b> <b>Snohomish, WA 98296</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1065	Priority creditor's name and mailing address <b>Wheeler, Kenyatta</b> <b>14718 Bannock Hills Drive</b> <b>Charlotte, NC 28278</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1066	Priority creditor's name and mailing address <b>White, Alanna N.</b> <b>1801 Indigo Market Dr</b> <b>No. 114</b> <b>Mount Pleasant, SC 29464</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1067	Priority creditor's name and mailing address <b>White, Amanda</b> <b>878 NW 107th Lane</b> <b>Coral Springs, FL 33071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1068	Priority creditor's name and mailing address <b>Whitfield, Jenna</b> <b>229 Westmoreland Dr</b> <b>Wilmette, IL 60091</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1069	Priority creditor's name and mailing address <b>Wifler, Amanda</b> <b>602 S. Milwaukee Ave.</b> <b>Apt. B</b> <b>Libertyville, IL 60048</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1070	Priority creditor's name and mailing address <b>Wiles, John</b> <b>PO Box 427</b> <b>Elkin, NC 28621</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

2.1071	Priority creditor's name and mailing address <b>Wilkerson, Jessica</b> <b>2727 Seastrand Lane</b> <b>Mount Pleasant, SC 29466</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1072	Priority creditor's name and mailing address <b>Williams, Jazmin A.</b> <b>1125 12th Ave Unit 127</b> <b>Seattle, WA 98122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1073	Priority creditor's name and mailing address <b>Williams, Jennifer</b> <b>3923 Pemberly Pines Circle</b> <b>Saint Cloud, FL 34769</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1074	Priority creditor's name and mailing address <b>Williams, Jessica</b> <b>2700 Balboa Ct.</b> <b>Antioch, CA 94509</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1075	Priority creditor's name and mailing address <b>Williams, Nadia M.</b> <b>12226 Nw 30th St.</b> <b>Coral Springs, FL 33065</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1076	Priority creditor's name and mailing address <b>Williams, Sandra</b> <b>10849 McDavid Road</b> <b>Wilmer, AL 36587</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1077	Priority creditor's name and mailing address <b>Williams, Staisha</b> <b>Thunderbird Parkway SW</b> <b>Apt 307</b> <b>Lakewood, WA 98498</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1078	Priority creditor's name and mailing address <b>Williams, Stephanie D.</b> <b>595 Turnburry Lane</b> <b>Antioch, IL 60002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1079	Priority creditor's name and mailing address <b>Williamson, Marcus</b> <b>52 Brookhill Circle</b> <b>Nashville, TN 37215</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1080	Priority creditor's name and mailing address <b>Windham, Richard</b> <b>109 NE 20th St</b> <b>Wilton Manors, FL 33305</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1081	Priority creditor's name and mailing address <b>Wineke, Kenzi</b> <b>4715 42nd Ave SW</b> <b>Apt 316</b> <b>Seattle, WA 98116</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1082	Priority creditor's name and mailing address <b>Winkelman, Bryce E.</b> <b>12636 100th Ln NE</b> <b>F227</b> <b>Kirkland, WA 98034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1083	Priority creditor's name and mailing address <b>Winkler, Joanne</b> <b>625 Kirkstone Court</b> <b>San Ramon, CA 94582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1084	Priority creditor's name and mailing address <b>Winkler, Shamaila</b> <b>15403 West 102nd Place</b> <b>Dyer, IN 46311</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1085	Priority creditor's name and mailing address <b>Winroth, Ashley</b> <b>880D. Sherman Ave</b> <b>Apt 1</b> <b>Corona, CA 92882</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1086	Priority creditor's name and mailing address <b>Woelfle, Kyle D.</b> <b>10207 Sweet Place</b> <b>Charleston, SC 29492</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1087	Priority creditor's name and mailing address <b>Wolfe, Mariah R.</b> <b>570 Commercial Ave</b> <b>South San Francisco, CA 94080</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1088	Priority creditor's name and mailing address <b>Wolfe, Stacy L.</b> <b>334 Deep River Road</b> <b>Summerville, SC 29486</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1089	Priority creditor's name and mailing address <b>Wood, Bailey D.</b> <b>1013 E. Harrison</b> <b>Tacoma, WA 98404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1090	Priority creditor's name and mailing address <b>Woodgeard, Jessica R.</b> <b>1014 E. Sanson</b> <b>Spokane, WA 99207</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1091	Priority creditor's name and mailing address <b>Worku, Ewnet</b> <b>12045 Greenwood Ave N</b> <b>Seattle, WA 98133</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1092	Priority creditor's name and mailing address <b>Worthen, Sarah M.</b> <b>1255 Harrison St.</b> <b>Apt 322</b> <b>Seattle, WA 98109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1093	Priority creditor's name and mailing address <b>Wright, Paulette</b> <b>9390 Burnt Tree Drive</b> <b>Mobile, AL 36695</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1094	Priority creditor's name and mailing address <b>Wroblewski, Carol</b> <b>5340 NW 32nd Ct.</b> <b>Margate, FL 33063</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1095	Priority creditor's name and mailing address <b>Wurst Kimberly A.</b> <b>1428 Dingens Ave.</b> <b>Windermere, FL 34786</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1096	Priority creditor's name and mailing address <b>Xavier, Pedro A.</b> <b>30 Hartsdale Ave</b> <b>Apt. 2A</b> <b>Hartsdale, NY 10530</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1097	Priority creditor's name and mailing address <b>Yahiro-Leibowitz, Alana S.</b> <b>222 Rosa Corte</b> <b>Walnut Creek, CA 94598</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1098	Priority creditor's name and mailing address <b>Yarnell II, Michael H.</b> <b>378 Allen Way</b> <b>Benicia, CA 94510</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1099	Priority creditor's name and mailing address <b>Yoo, Jaehoon</b> <b>22623 84th Ave W.</b> <b>Edmonds, WA 98026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1100	Priority creditor's name and mailing address <b>Young, Cindy J.</b> <b>1225 Prescott Ln</b> <b>Hampshire, IL 60140</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1101	Priority creditor's name and mailing address <b>Zainea, Cristina</b> <b>6308 W. Gunnison St.</b> <b>Chicago, IL 60630</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1102	Priority creditor's name and mailing address <b>Zakrajsek, Tanya</b> <b>9332 318h PL NE</b> <b>Carnation, WA 98014</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1103	Priority creditor's name and mailing address <b>Zambrano-Hernandez, Leonor E.</b> <b>3223 Oak Ave.</b> <b>Brookfield, IL 60513</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1104	Priority creditor's name and mailing address <b>Zamilpa, Yuri</b> <b>5748 S. Massaoit Ave.</b> <b>Chicago, IL 60638</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1105	Priority creditor's name and mailing address <b>Zaragoza, Cristina B.</b> <b>2250 Vegas Ave</b> <b>Castro Valley, CA 94546</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1106	Priority creditor's name and mailing address <b>Zenone, Mistie R.</b> <b>6100 Soundview Drive</b> <b>Apt 15G</b> <b>Gig Harbor, WA 98335</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	20-11170 (LSS)
2.1107	Priority creditor's name and mailing address <b>Zherebnenkov, Irina</b> <b>1208 Livorna Road</b> <b>Alamo, CA 94507</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1108	Priority creditor's name and mailing address <b>Zielinski, Elizabeth A.</b> <b>24631 W. Rollins Rd.</b> <b>Round Lake, IL 60073</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1109	Priority creditor's name and mailing address <b>Zilar, Leanne M.</b> <b>52050 Eagleview Lane E</b> <b>Ford, WA 99013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1110	Priority creditor's name and mailing address <b>Zornow, Alisa J.</b> <b>8305 Coral Drive</b> <b>Harwood Heights, IL 60706</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor **IntegraMed America, Inc.**  
NameCase number (if known) **20-11170 (LSS)**

3.1	<b>Nonpriority creditor's name and mailing address</b> <b>1 Touch Office Technology</b> <b>370 Amapola Ave.</b> <b>Torrance, CA 90501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,415.33</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>9W Halo Opco LP dba Angelica</b> <b>PO Box 532268</b> <b>Atlanta, GA 30353</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,411.03</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>A Courteous Communications, Corp</b> <b>2810 East Robinson Corp</b> <b>Orlando, FL 32803</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$393.67</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>A Treehouse Exotic Plants &amp; Trees Inc.</b> <b>PO Box 140024</b> <b>Garden City, ID 83714</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$168.50</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>A-B Communciations</b> <b>PO Box 1165</b> <b>Novato, CA 94948</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$175.18</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>ABC Imaging of Washington Inc.</b> <b>PO Box 2345</b> <b>West Chester, PA 19380</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26.11</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>ABC Stamp</b> <b>407 N. Orchard St.</b> <b>Boise, ID 83706</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$96.67</b>



Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

<b>3.8</b>	<b>Nonpriority creditor's name and mailing address</b> <b>ABM Parking Services</b> <b>6330 San Vicente Blvd</b> <b>Parking Office</b> <b>Los Angeles, CA 90048</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,705.00</b>
------------	--	--	-------------------

---

<b>3.9</b>	<b>Nonpriority creditor's name and mailing address</b> <b>ABM Parking Services</b> <b>180 N. LaSalle St.</b> <b>Suite 1700</b> <b>North Granby, CT 06060-1000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,440.00</b>
------------	---	--	--------------------

---

<b>3.10</b>	<b>Nonpriority creditor's name and mailing address</b> <b>ABS Communications Inc.</b> <b>PO Box 35612</b> <b>Seattle, WA 98125</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,297.40</b>
-------------	---	--	-------------------

---

<b>3.11</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Absolute Performance, Inc.</b> <b>12303 Airport Way</b> <b>Suite 100</b> <b>Broomfield, CO 80021</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,800.00</b>
-------------	--	--	-------------------

---

<b>3.12</b>	<b>Nonpriority creditor's name and mailing address</b> <b>ACC Business</b> <b>PO Box 105306</b> <b>Atlanta, GA 30348</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$528.08</b>
-------------	---	--	-----------------

---

<b>3.13</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Access</b> <b>PO Box 101048</b> <b>Atlanta, GA 30392</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$591.03</b>
-------------	---	--	-----------------

---

<b>3.14</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Accounting For You, LLC</b> <b>139 W. Frostad Rd.</b> <b>Oak Harbor, WA 98277</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
-------------	--	--	-----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Active Cyber, LLC</b> <b>1600 Dallas Parkway</b> <b>Suite 550</b> <b>Dallas, TX 75248</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,382.50</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>ADT Security Services</b> <b>PO Box 371878</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62.60</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Advagenix</b> <b>9430 Key West Ave.</b> <b>Suite 130</b> <b>Rockville, MD 20850</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,770.00</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Aerotex</b> <b>3689 Collection Ctr Dr.</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,902.90</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Affinity Systems, LLC</b> <b>Security 101</b> <b>Pine Blvd.</b> <b>Charlotte, NC 28273</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70.00</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>AFLAC</b> <b>Services Road</b> <b>Columbus, GA 31999</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,694.34</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Agility Health, Inc.</b> <b>PO Box 851313</b> <b>Minneapolis, MN 55485</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70.35</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Air Source Industries Inc.</b> <b>3976 Cherry Ave.</b> <b>Long Beach, CA 90807</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$177.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Air-Tite</b> <b>565 Central Drive</b> <b>Virginia Beach, VA 23454</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$389.60</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Airgas East</b> <b>PO Box 734445</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,065.14</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Airgas Puritan Medical</b> <b>PO Box 734672</b> <b>Dallas, TX 75373</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,877.11</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Airgas USA, LLC</b> <b>PO Box 734671</b> <b>Dallas, TX 75373</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,258.46</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Airgas USA, LLC</b> <b>PO Box 102289</b> <b>CA 91189</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,285.67</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Airgas USA, LLC</b> <b>PO Box 532609</b> <b>Atlanta, GA 30353</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$537.94</b>

Debtor **IntegraMed America, Inc.**  
NameCase number (if known) **20-11170 (LSS)**

3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Airgas, Inc.</b> <b>PO Box 734672</b> <b>Dallas, TX 75373</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,721.97</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Airgas, USA, LLC</b> <b>PO Box 102289</b> <b>Pasadena, CA 91189</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,219.90</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Alexander Thompson Arnold PLLC</b> <b>909 Harpeth Valley Place</b> <b>Nashville, TN 37221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$275.00</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Alford Leasing Company</b> <b>PO Box 90755</b> <b>Raleigh, NC 27675</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$269.00</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>All Physician's Exchange</b> <b>3817 Atlantic Ave.</b> <b>Long Beach, CA 90807</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$110.00</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Allegra Design Marketing &amp; Print</b> <b>1205 Two Island Court</b> <b>Suite 202</b> <b>Mount Pleasant, SC 29466</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119.43</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Alliant Insurance Services</b> <b>PO Box 840919</b> <b>Dallas, TX 75284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,045.95</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Allison Kay Rodgers, MD</b> <b>1520 Gordon Terrace</b> <b>Deerfield, IL 60015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Allscripts</b> <b>24630 Network Place</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$732.54</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Alton Self Storage</b> <b>2215 Alton Parkway</b> <b>Irvine, CA 92606</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$204.00</b>
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Amazon Capital Services, Inc.</b> <b>PO Box 035184</b> <b>Seattle, WA 98124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$772.51</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Amazon Capital Services, Inc.</b> <b>PO Box 035184</b> <b>Seattle, WA 98124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,998.67</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Amazon Web Services, Inc.</b> <b>PO Box 84023</b> <b>Seattle, WA 98124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44,616.50</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Amber Vazquez</b> <b>4995 Lambs Road</b> <b>Apt 14-C</b> <b>North Charleston, SC 29418</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,000.00</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Amber Vazquez</b> <b>4995 Lambs Road</b> <b>Apt 14-C</b> <b>North Charleston, SC 29418</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,000.00</b>
------	--	--	-------------------

---

3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Amedia LLC</b> <b>4948 Saint Elmo Ave.</b> <b>Bethesda, MD 20814</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,500.00</b>
------	---	--	-------------------

---

3.45	<b>Nonpriority creditor's name and mailing address</b> <b>American Association of Bioanalysts</b> <b>5615 Kirby Dr.</b> <b>Suite 870</b> <b>Houston, TX 77005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$919.00</b>
------	---	--	-----------------

---

3.46	<b>Nonpriority creditor's name and mailing address</b> <b>American Bankers Insurance</b> <b>PO Box 731178</b> <b>Dallas, TX 75373</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,192.00</b>
------	--	--	-------------------

---

3.47	<b>Nonpriority creditor's name and mailing address</b> <b>American Expediting</b> <b>801 N. Primos Ave.</b> <b>Folcroft, PA 19032</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,253.75</b>
------	--	--	-------------------

---

3.48	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>PO Box 1270</b> <b>Newark, NJ 07101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,473.85</b>
------	--	--	-------------------

---

3.49	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>PO Box 0001</b> <b>Los Angeles, CA 90096</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$61,772.85</b>
------	---	--	--------------------

---

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.50	<b>Nonpriority creditor's name and mailing address</b> <b>American Pond &amp; Fountain Works</b> <b>9985 Avenida Magnifica</b> <b>San Diego, CA 92131</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$220.00</b>
------	--	--	-----------------

---

3.51	<b>Nonpriority creditor's name and mailing address</b> <b>American Society for Repro Medicine</b> <b>1209 Montgomery Highway</b> <b>Birmingham, AL 35216</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
------	---	--	-----------------

---

3.52	<b>Nonpriority creditor's name and mailing address</b> <b>American Systems</b> <b>999 Harbor Dr.</b> <b>West Columbia, SC 29169</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,275.52</b>
------	--	--	-------------------

---

3.53	<b>Nonpriority creditor's name and mailing address</b> <b>American University Wamu 88.5</b> <b>PO Box 98252</b> <b>Washington, DC 20090</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,834.50</b>
------	--	--	--------------------

---

3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Ameripark LLC</b> <b>5445 Meridian Park Dr. NE P100</b> <b>Atlanta, GA 30342</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,660.00</b>
------	---	--	-------------------

---

3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Andrew Young</b> <b>1149 W. 250 N</b> <b>Springville, UT 84663</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,500.00</b>
------	---	--	-------------------

---

3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Anesthesia Connections Virginia LLC</b> <b>12613 CHESDIN LANDING DRIVE</b> <b>Chesterfield, VA 23838</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,800.00</b>
------	---	--	--------------------

Debtor	<b>IntegraMed America, Inc.</b> Name	Case number (if known)	<b>20-11170 (LSS)</b>
--------	---	------------------------	-----------------------

---

3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Anexeon, LLC</b> <b>8704 Spanish Ridge Ave.</b> <b>Suite 100</b> <b>Las Vegas, NV 89148</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,219.92</b>
------	---	--	-------------------

---

3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Angelica Corporation</b> <b>PO Box 51669</b> <b>Los Angeles, CA 90051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$982.99</b>
------	--	--	-----------------

---

3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Angelica Textile Services</b> <b>PO Box 532268</b> <b>Atlanta, GA 30353</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$256.06</b>
------	--	--	-----------------

---

3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Anthony Lee Asso.</b> <b>7828 Beechcraft Ave.</b> <b>Gaithersburg, MD 20879</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$178.00</b>
------	--	--	-----------------

---

3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Anthony Lee Associates, Inc.</b> <b>7828 Beechcraft Ave.</b> <b>Gaithersburg, MD 20879</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$178.00</b>
------	---	--	-----------------

---

3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Anti-Crime Lock &amp; Alarm</b> <b>PO Box 6084</b> <b>Silver Spring, MD 20916</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,115.32</b>
------	--	--	-------------------

---

3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Apatoff, Peters, LLC</b> <b>9600 Blackwell Rd</b> <b>Suite 250</b> <b>Rockville, MD 20850</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51,423.75</b>
------	---	--	--------------------



Debtor Name	Case number (if known)	20-11170 (LSS)
<b>IntegraMed America, Inc.</b> Name 3.64 Nonpriority creditor's name and mailing address <b>APC II</b> <b>HEALTHCARE PROPERTY MGRS. OF AMERICA,LLC</b> <b>29126 NETWORK PLACE</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,026.18</b>
3.65 Nonpriority creditor's name and mailing address <b>Apex Medical Technologies Inc.</b> <b>10064 Mesa Ridge Court</b> <b>Suite 202</b> <b>San Diego, CA 92121</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,130.97</b>
3.66 Nonpriority creditor's name and mailing address <b>Apothecary Services Inc.</b> <b>Rosemont Pharmacy</b> <b>PO Box 282</b> <b>Newtown Square, PA 19073</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$129.00</b>
3.67 Nonpriority creditor's name and mailing address <b>Aqua Pennsylvania Inc.</b> <b>PO Box 70279</b> <b>Philadelphia, PA 19176</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.29</b>
3.68 Nonpriority creditor's name and mailing address <b>Arch Advertising Inc.</b> <b>8 W Monroe St.</b> <b>Suite 700</b> <b>Chicago, IL 60603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,303.00</b>
3.69 Nonpriority creditor's name and mailing address <b>Around the Clock Answering Service</b> <b>PO Box 3361</b> <b>Kalamazoo, MI 49003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.80</b>
3.70 Nonpriority creditor's name and mailing address <b>Aspen Ridge 165 LLC</b> <b>7420 Hayward Road, Suite 203</b> <b>Frederick, MD 21702</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,516.96</b>

Debtor	<b>IntegraMed America, Inc.</b> Name	Case number (if known)	<b>20-11170 (LSS)</b>
--------	---	------------------------	-----------------------

---

3.71	<b>Nonpriority creditor's name and mailing address</b> <b>ASRM_CV</b> <b>1209 Montgomery Highway</b> <b>Birmingham, AL 35216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>
------	---	--	-----------------

---

3.72	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>PO Box 105262</b> <b>Atlanta, GA 30348</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$171.29</b>
------	---	--	-----------------

---

3.73	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>PO Box 5025</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,825.80</b>
------	--	--	-------------------

---

3.74	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>PO Box 105251</b> <b>Atlanta, GA 30348</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$58.85</b>
------	---	--	----------------

---

3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Atul Karkhanis Architects Ltd</b> <b>2514 W. Peterson Ave.</b> <b>Chicago, IL 60659</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$127,073.33</b>
------	--	--	---------------------

---

3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Audi Financial Services</b> <b>PO Box 5215</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,692.36</b>
------	---	--	-------------------

---

3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Audit Micro Controls Inc.</b> <b>PO Box 3369</b> <b>Cave Spring, GA 30124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$213.00</b>
------	--	--	-----------------

---

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Autho Inc.</b> <b>10800 NE 8th St.</b> <b>Suite 700</b> <b>Bellevue, WA 98004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$71,397.45</b>
------	---	--	--------------------

---

3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Autotask Corporation</b> <b>PO Box 21921</b> <b>New York, NY 10087</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,500.00</b>
------	---	--	-------------------

---

3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Avella of St. Louis, Inc.</b> <b>450 N. New Ballas Rod</b> <b>Ste 256</b> <b>63141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,080.00</b>
------	--	--	-------------------

---

3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Axiom Global, Inc.</b> <b>PO Box 8439</b> <b>Pasadena, CA 91109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,900.00</b>
------	--	--	--------------------

---

3.82	<b>Nonpriority creditor's name and mailing address</b> <b>Aztec Leasing Inc.</b> <b>PO Box 98813</b> <b>Las Vegas, NV 89193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,955.81</b>
------	--	--	-------------------

---

3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Backflow Technology LLC</b> <b>PO Box 1575</b> <b>Sterling, VA 20167</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$579.00</b>
------	---	--	-----------------

---

3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Ballston Metro Center LLC</b> <b>PO Box 536662</b> <b>Pittsburgh, PA 15253</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,075.80</b>
------	---	--	--------------------

---

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Bank of America</b> <b>PO Box 15220</b> <b>Wilmington, DE 19886</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,051.19</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Barnes &amp; Thornburg LLP</b> <b>One North Wacker Drive</b> <b>Suite 44000</b> <b>Chicago, IL 60606</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,841.37</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Barnett Medical Services LLC</b> <b>PO Box 4436</b> <b>Hayward, CA 94540</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,550.00</b>
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Barry Mirkin</b> <b>542 Lakeside Dr</b> <b>No. 2</b> <b>Sunnyvale, CA 94085</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,838.50</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Bates Electric, Inc.</b> <b>7901 Hopi Place</b> <b>Tampa, FL 33634</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,025.64</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>Bates Landscaping Ltd</b> <b>815 Lincoln Ave.</b> <b>West Chester, PA 19380</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,381.94</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>BB&amp;B Inc.</b> <b>929 W. Street, Suite 106</b> <b>Annapolis, MD 21401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,894.04</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.92	<b>Nonpriority creditor's name and mailing address</b> <b>BDO USA LLP</b> <b>PO Box 642743</b> <b>Pittsburgh, PA 15264</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,200.00</b>
------	---	--	--------------------

---

3.93	<b>Nonpriority creditor's name and mailing address</b> <b>BEACHLEY BUSINESS &amp; MEDICAL FORMS, INC</b> <b>Po Box 987</b> <b>Bel Air, MD 21014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,302.29</b>
------	--	--	--------------------

---

3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Beacon Medaes LLC</b> <b>Dept 3234</b> <b>PO Box 123234</b> <b>TX 75512</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$560.00</b>
------	---	--	-----------------

---

3.95	<b>Nonpriority creditor's name and mailing address</b> <b>Beco Management</b> <b>WACHOVIA BANK/BRIT- CENTURY PLAZA LLC</b> <b>PO Box 768817</b> <b>Baltimore, MD 21275</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,259.85</b>
------	--	--	--------------------

---

3.96	<b>Nonpriority creditor's name and mailing address</b> <b>Benchmark Systems Inc.</b> <b>1112 Church St.</b> <b>Lynchburg, VA 24504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,636.27</b>
------	---	--	-------------------

---

3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Benefitplan Manager</b> <b>100 Valley Road, Suite 202</b> <b>Mount Arlington, NJ 07856</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,313.00</b>
------	---	--	-------------------

---

3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Berkeley Medevices</b> <b>1330 South 51st Street</b> <b>Richmond, CA 94804</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,025.33</b>
------	---	--	-------------------

---

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Berton N. Ring, P.C.</b> <b>123 W. Madison Street</b> <b>15th Floor</b> <b>Chicago, IL 60602</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,162.04</b>
------	--	--	-------------------

---

3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Best Office Coffee Service</b> <b>13130 SW Terrace</b> <b>Miami, FL 33186</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$991.16</b>
-------	--	--	-----------------

---

3.101	<b>Nonpriority creditor's name and mailing address</b> <b>BETHANY BONNE</b> <b>461 W. 13490 S</b> <b>APT. B219</b> <b>DRAPER, UT 84020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29.81</b>
-------	--	--	----------------

---

3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Bio Rad Laboratories</b> <b>PO BOX 849740</b> <b>Los Angeles, CA 90084</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,480.61</b>
-------	---	--	-------------------

---

3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Block Imaging Parts and Service Inc.</b> <b>1845 Cedar St</b> <b>Holt, MI 48842</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,839.00</b>
-------	--	--	-------------------

---

3.104	<b>Nonpriority creditor's name and mailing address</b> <b>Blum Shapiro &amp; Company</b> <b>Acct Rec Dept 106067</b> <b>PO Box 150489</b> <b>Hartford, CT 06115</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57,595.72</b>
-------	---	--	--------------------

---

3.105	<b>Nonpriority creditor's name and mailing address</b> <b>Boland</b> <b>PO Box 223862</b> <b>Chantilly, VA 20153</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$230.00</b>
-------	---	--	-----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.106	<b>Nonpriority creditor's name and mailing address</b> <b>Borderlan, Inc.</b> <b>950 Boardwalk</b> <b>Suite 300</b> <b>San Marcos, CA 92078</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,075.00</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>BRIAN KAPLAN, MD</b> <b>77 E. WALTON ST. # 27B</b> <b>CHICAGO, IL 60611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.108	<b>Nonpriority creditor's name and mailing address</b> <b>Brighthouse Networks</b> <b>PO Box 790450</b> <b>Saint Louis, MO 63179</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$838.09</b>
3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Brio Benefit Consulting, Inc.</b> <b>30 Broad St. 35th Fl.</b> <b>New York, NY 10004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,700.00</b>
3.110	<b>Nonpriority creditor's name and mailing address</b> <b>Callsource</b> <b>5601 Lindero Canyon Rd.</b> <b>Suite 200</b> <b>Thousand Oaks, CA 91362</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,037.89</b>
3.111	<b>Nonpriority creditor's name and mailing address</b> <b>Candler Hospital</b> <b>PO Box 407</b> <b>Birmingham, AL 35246</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,611.50</b>
3.112	<b>Nonpriority creditor's name and mailing address</b> <b>Cantey Technology Consulting LLC</b> <b>2702 Azalea Dr</b> <b>North Charleston, SC 29405</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$643.75</b>

Debtor	<b>IntegraMed America, Inc.</b> Name	Case number (if known)	<b>20-11170 (LSS)</b>
--------	---	------------------------	-----------------------

---

3.113	<b>Nonpriority creditor's name and mailing address</b> <b>Capstar Radio Operating</b> <b>iHeartmedia Raleigh</b> <b>PO Box 406372</b> <b>Atlanta, GA 30384</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,840.00</b>
-------	--	--	-------------------

---

3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Capitol One Bank</b> <b>PO Box 71083</b> <b>Charlotte, NC 28272</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,818.85</b>
-------	--	--	-------------------

---

3.115	<b>Nonpriority creditor's name and mailing address</b> <b>Carilion Clinic</b> <b>DEPT. OG OB/GYN, 13TH FLOOR</b> <b>ATTN:TERESA</b> <b>1906 Bellevue Ave. SE</b> <b>Roanoke, VA 24014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,850.00</b>
-------	--	--	--------------------

---

3.116	<b>Nonpriority creditor's name and mailing address</b> <b>Carolina Office Systems, Inc.</b> <b>PO Box 936730</b> <b>Atlanta, GA 31193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$85.02</b>
-------	--	--	----------------

---

3.117	<b>Nonpriority creditor's name and mailing address</b> <b>Carolina Waste &amp; Recycling Inc.</b> <b>5264 B International Blvd.</b> <b>Suite 100</b> <b>North Charleston, SC 29418</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$138.00</b>
-------	--	--	-----------------

---

3.118	<b>Nonpriority creditor's name and mailing address</b> <b>Cascade Healthcare Services LLC</b> <b>PO Box 7333</b> <b>San Francisco, CA 94120</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$180.00</b>
-------	--	--	-----------------

---

3.119	<b>Nonpriority creditor's name and mailing address</b> <b>Caton's Ridge Office Park LLC</b> <b>13580 Group Dr.</b> <b>Suite 100</b> <b>Woodbridge, VA 22192</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,563.75</b>
-------	---	--	-------------------



Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.120	<b>Nonpriority creditor's name and mailing address</b> <b>CCB Kitzzato LLC</b> <b>11915 Lagrange Ave.</b> <b>Los Angeles, CA 90025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,040.31</b>
-------	---	--	--------------------

---

3.121	<b>Nonpriority creditor's name and mailing address</b> <b>CCF Inc.</b> <b>500 Arnold Mill Way</b> <b>Suite B</b> <b>Woodstock, GA 30188</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70.00</b>
-------	---	--	----------------

---

3.122	<b>Nonpriority creditor's name and mailing address</b> <b>Central Parking System</b> <b>PO Box 790401</b> <b>Saint Louis, MO 63179</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$180.00</b>
-------	---	--	-----------------

---

3.123	<b>Nonpriority creditor's name and mailing address</b> <b>Centurylink</b> <b>PO Box 52187</b> <b>Phoenix, AZ 85075</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$194.14</b>
-------	---	--	-----------------

---

3.124	<b>Nonpriority creditor's name and mailing address</b> <b>Centurylink</b> <b>PO Box 91155</b> <b>Seattle, WA 98111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36.83</b>
-------	---	--	----------------

---

3.125	<b>Nonpriority creditor's name and mailing address</b> <b>Chang Kuo Realty LLC</b> <b>200 West 24th St.</b> <b>Apt 4B</b> <b>New York, NY 10011</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,041.34</b>
-------	---	--	--------------------

---

3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Change Healthcare</b> <b>PO Box 572490</b> <b>Salt Lake City, UT 84157</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$89.52</b>
-------	---	--	----------------

---

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.127	<b>Nonpriority creditor's name and mailing address</b> <b>Charles Dunn Re Svc Inc. Trust Account</b> <b>PROSPECT ONE MED. OFFICE BLDG 3253,</b> <b>800W</b> <b>Los Angeles, CA 90017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,375.39</b>
-------	--	--	--------------------

---

3.128	<b>Nonpriority creditor's name and mailing address</b> <b>Chase Auto Finance</b> <b>PO Box 9001801</b> <b>Louisville, KY 40290</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,166.87</b>
-------	---	--	-------------------

---

3.129	<b>Nonpriority creditor's name and mailing address</b> <b>Chase Card Services</b> <b>PO Box 6294</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49,706.87</b>
-------	---	--	--------------------

---

3.130	<b>Nonpriority creditor's name and mailing address</b> <b>Chicago Kingsbury LLC</b> <b>1040 W. Randolph St.</b> <b>Chicago, IL 60607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$96,181.54</b>
-------	---	--	--------------------

---

3.131	<b>Nonpriority creditor's name and mailing address</b> <b>Christopher Sheldon Sipe, M.D.</b> <b>1300 Oxford Lane</b> <b>Glenview, IL 60025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
-------	---	--	-------------------

---

3.132	<b>Nonpriority creditor's name and mailing address</b> <b>Cigna</b> <b>PO Box 644546</b> <b>Pittsburgh, PA 15264</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43,917.31</b>
-------	---	--	--------------------

---

3.133	<b>Nonpriority creditor's name and mailing address</b> <b>Cigna</b> <b>Dept 59</b> <b>Denver, CO 80291</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101,812.67</b>
-------	---	--	---------------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.134	<b>Nonpriority creditor's name and mailing address</b> <b>Cigna of New York</b> <b>PO Box 41499</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,377.53</b>
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>Cintra Software &amp; Services Inc.</b> <b>Murray Hill Station</b> <b>PO Box 1864</b> <b>New York, NY 10156</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,340.63</b>
3.136	<b>Nonpriority creditor's name and mailing address</b> <b>Cisco Systems Capital Crp</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$981.21</b>
3.137	<b>Nonpriority creditor's name and mailing address</b> <b>Citrix Systems Inc.</b> <b>PO Box 931686</b> <b>Atlanta, GA 31193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$84,718.88</b>
3.138	<b>Nonpriority creditor's name and mailing address</b> <b>City of Savannah</b> <b>Utility Services Div.</b> <b>PO Box 1968</b> <b>Savannah, GA 31402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24.93</b>
3.139	<b>Nonpriority creditor's name and mailing address</b> <b>City of Warrenville</b> <b>PO Box 4703</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Taxing Authority</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55.37</b>
3.140	<b>Nonpriority creditor's name and mailing address</b> <b>City of Winter Park</b> <b>PO Box 1986</b> <b>Winter Park, FL 32790</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Taxing Authority</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,187.12</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.141	<b>Nonpriority creditor's name and mailing address</b> <b>Cogent Communications</b> <b>PO Box 791087</b> <b>Baltimore, MD 21279</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,730.28</b>
3.142	<b>Nonpriority creditor's name and mailing address</b> <b>Cole Parmer Instrument Co</b> <b>13927 Collections Center Dr</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$668.78</b>
3.143	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>PO Box 37601</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$859.95</b>
3.144	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>PO Box 37601</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,641.12</b>
3.145	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast - 34744</b> <b>PO Box 60533</b> <b>City of Industry, CA 91716</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,206.02</b>
3.146	<b>Nonpriority creditor's name and mailing address</b> <b>Commerical Officer Interiors</b> <b>300 Elliott Ave W.</b> <b>Suite 300</b> <b>Seattle, WA 98119</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,441.87</b>
3.147	<b>Nonpriority creditor's name and mailing address</b> <b>Compliance Control Inc.</b> <b>1595 Cabin Branch Drive</b> <b>Hyattsville, MD 20785</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,993.00</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.148	<b>Nonpriority creditor's name and mailing address</b> <b>Computer Design Integration, LLC</b> <b>696 Route 46 West</b> <b>Teterboro, NJ 07608</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,885.61</b>
3.149	<b>Nonpriority creditor's name and mailing address</b> <b>Concur Technologies, Inc.</b> <b>62157 COLLECTIONS CENTER DRIVE</b> <b>Sharon, CT 06069-3000</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,543.73</b>
3.150	<b>Nonpriority creditor's name and mailing address</b> <b>Cook Medical LLC</b> <b>22988 Network Place</b> <b>Chicago, IL 60673</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$130,681.54</b>
3.151	<b>Nonpriority creditor's name and mailing address</b> <b>Cooper Surgical</b> <b>PO Box 712280</b> <b>Cincinnati, OH 45271</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$968.24</b>
3.152	<b>Nonpriority creditor's name and mailing address</b> <b>Corepoint Health, LLC</b> <b>3010 Gaylord Parkway</b> <b>Suite 320</b> <b>Frisco, TX 75034</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,256.91</b>
3.153	<b>Nonpriority creditor's name and mailing address</b> <b>Corodata Records Management, Inc.</b> <b>PO Box 842638</b> <b>Los Angeles, CA 90084</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$296.40</b>
3.154	<b>Nonpriority creditor's name and mailing address</b> <b>Corporation Service Company</b> <b>PO Box 13397</b> <b>Philadelphia, PA 19101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$581.00</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.155	<b>Nonpriority creditor's name and mailing address</b> <b>Cosmopolitan Building Services, Inc.</b> <b>11 Eton Ct.</b> <b>Barrington, IL 60010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$725.00</b>
<hr/>			
3.156	<b>Nonpriority creditor's name and mailing address</b> <b>Courier Express</b> <b>PO Box 7058</b> <b>Marietta, GA 30065</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,405.00</b>
<hr/>			
3.157	<b>Nonpriority creditor's name and mailing address</b> <b>Cousins Properties LP</b> <b>Meridian Mark Plaza LLC</b> <b>3344 PEACHTREE RD NE, STE 1800</b> <b>Atlanta, GA 30326</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,137.17</b>
<hr/>			
3.158	<b>Nonpriority creditor's name and mailing address</b> <b>Coverall Central Florida</b> <b>2955 Momentum Place</b> <b>Chicago, IL 60689</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,884.59</b>
<hr/>			
3.159	<b>Nonpriority creditor's name and mailing address</b> <b>Covidien</b> <b>4642 Collection Center Drive</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,884.20</b>
<hr/>			
3.160	<b>Nonpriority creditor's name and mailing address</b> <b>Cox Communications</b> <b>PO Box 53280</b> <b>Phoenix, AZ 85072</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$382.51</b>
<hr/>			
3.161	<b>Nonpriority creditor's name and mailing address</b> <b>CP Technology Group LLC</b> <b>2105 Dabney Road</b> <b>Richmond, VA 23230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$661.00</b>

Debtor	<b>IntegraMed America, Inc.</b> Name	Case number (if known)	<b>20-11170 (LSS)</b>
--------	---	------------------------	-----------------------

---

3.162	<b>Nonpriority creditor's name and mailing address</b> <b>Cprice Solutions, LLC</b> <b>PO Box 64014</b> <b>Cincinnati, OH 45264</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,043.64</b>
-------	--	--	-------------------

---

3.163	<b>Nonpriority creditor's name and mailing address</b> <b>Crystal and Sierra Springs</b> <b>PO Box 660579</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$171.10</b>
-------	--	--	-----------------

---

3.164	<b>Nonpriority creditor's name and mailing address</b> <b>Culligan Spokane</b> <b>3728 E. Longfellow Ave.</b> <b>Spokane, WA 99217</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$131.25</b>
-------	---	--	-----------------

---

3.165	<b>Nonpriority creditor's name and mailing address</b> <b>Culligan Water</b> <b>10817 Courthouse Road</b> <b>Fredericksburg, VA 22408</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$52.64</b>
-------	--	--	----------------

---

3.166	<b>Nonpriority creditor's name and mailing address</b> <b>Custom Aquarium</b> <b>226 Lexington Lane</b> <b>Grayslake, IL 60030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$95.00</b>
-------	---	--	----------------

---

3.167	<b>Nonpriority creditor's name and mailing address</b> <b>Cyxtera</b> <b>Savvis Communications, LLC</b> <b>13322 COLLECTION CENTER DRIVE</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,285.42</b>
-------	---	--	--------------------

---

3.168	<b>Nonpriority creditor's name and mailing address</b> <b>D O Brothers Inc.</b> <b>PO Box 830</b> <b>Clarcona, FL 32710</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350.00</b>
-------	--	--	-----------------

---

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.169	<b>Nonpriority creditor's name and mailing address</b> <b>D Square Energy LLC</b> <b>201 W North Bend Way</b> <b>North Bend, WA 98045</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$326.01</b>
3.170	<b>Nonpriority creditor's name and mailing address</b> <b>Daichs Use, Inc.</b> <b>DBA FIRST CHOICE COFFEE SERVICES</b> <b>3535 COMMERCIAL AVE</b> <b>Northbrook, IL 60062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$515.44</b>
3.171	<b>Nonpriority creditor's name and mailing address</b> <b>Dash Courier Service, LLC</b> <b>PO Box 11049</b> <b>Charlotte, NC 28220</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$340.39</b>
3.172	<b>Nonpriority creditor's name and mailing address</b> <b>Data Innovations LLC</b> <b>PO Box 101978</b> <b>Atlanta, GA 30392</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,819.46</b>
3.173	<b>Nonpriority creditor's name and mailing address</b> <b>Dataprise</b> <b>PO Box 62550</b> <b>Baltimore, MD 21264</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,305.45</b>
3.174	<b>Nonpriority creditor's name and mailing address</b> <b>Datawatch Systems Inc.</b> <b>PO Box 79845</b> <b>Baltimore, MD 21279</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,229.91</b>
3.175	<b>Nonpriority creditor's name and mailing address</b> <b>David E. Ziegler</b> <b>1703 Southbound Road</b> <b>Swansea, SC 29160</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90.00</b>



Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.176	<b>Nonpriority creditor's name and mailing address</b> <b>DCMV Service Corporation</b> <b>JAN-PRO OF DC MD AND VA</b> <b>10801 MAIN STREET STE 200</b> <b>Fairfax, VA 22030</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$731.40</b>
-------	---	--	-----------------

---

3.177	<b>Nonpriority creditor's name and mailing address</b> <b>De Lage Landen Financial Services, Inc.</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,020.00</b>
-------	--	--	--------------------

---

3.178	<b>Nonpriority creditor's name and mailing address</b> <b>Dearborn Life Insurance Company</b> <b>36788 Eagle Way</b> <b>Chicago, IL 60678</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,313.65</b>
-------	--	--	--------------------

---

3.179	<b>Nonpriority creditor's name and mailing address</b> <b>Delivery Express</b> <b>405 Evans Black Drive</b> <b>Seattle, WA 98188</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,424.78</b>
-------	---	--	--------------------

---

3.180	<b>Nonpriority creditor's name and mailing address</b> <b>Dell Financial Services</b> <b>PO Box 5292</b> <b>Carol Stream, IL 60197</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,237.65</b>
-------	---	--	-------------------

---

3.181	<b>Nonpriority creditor's name and mailing address</b> <b>Dell Marketing LP</b> <b>cDell USA LP</b> <b>PO Box 643561</b> <b>Pittsburgh, PA 15264</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,715.70</b>
-------	--	--	-------------------

---

3.182	<b>Nonpriority creditor's name and mailing address</b> <b>Denstar, LLC</b> <b>8310 Bandford Way</b> <b>Raleigh, NC 27615</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,320.45</b>
-------	---	--	--------------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.183	<b>Nonpriority creditor's name and mailing address</b> <b>Devine's Pharmacy</b> <b>1949 Oak Tree Road</b> <b>Edison, NJ 08820</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,978.18</b>
-------	--	--	-------------------

---

3.184	<b>Nonpriority creditor's name and mailing address</b> <b>Dex Media</b> <b>PO Box 79167</b> <b>Phoenix, AZ 85062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$260.50</b>
-------	---	--	-----------------

---

3.185	<b>Nonpriority creditor's name and mailing address</b> <b>Dialogtech</b> <b>PO Box 775936</b> <b>Chicago, IL 60677</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$589.62</b>
-------	---	--	-----------------

---

3.186	<b>Nonpriority creditor's name and mailing address</b> <b>Diamond Springs</b> <b>PO Box 38668</b> <b>Henrico, VA 23231</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62.66</b>
-------	---	--	----------------

---

3.187	<b>Nonpriority creditor's name and mailing address</b> <b>Digital Third Coast Internet Marketing</b> <b>2540 W. North Ave.</b> <b>Chicago, IL 60647</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,480.00</b>
-------	--	--	-------------------

---

3.188	<b>Nonpriority creditor's name and mailing address</b> <b>Direct Energy Business</b> <b>PO Box 70220</b> <b>Philadelphia, PA 19176</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,328.44</b>
-------	---	--	-------------------

---

3.189	<b>Nonpriority creditor's name and mailing address</b> <b>Dish Network</b> <b>Dept. 0063</b> <b>Palatine, IL 60055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87.03</b>
-------	---	--	----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.190	<b>Nonpriority creditor's name and mailing address</b> <b>Diversified Alarm Service</b> <b>PO Box 777</b> <b>Monterey Park, CA 91754</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$117.00</b>
3.191	<b>Nonpriority creditor's name and mailing address</b> <b>Docugreen Corp</b> <b>401 E. Las Olas Blvd</b> <b>Suite 1400</b> <b>Fort Lauderdale, FL 33301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
3.192	<b>Nonpriority creditor's name and mailing address</b> <b>Dominion Energy</b> <b>PO Box 100255</b> <b>Columbia, SC 29202</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,430.40</b>
3.193	<b>Nonpriority creditor's name and mailing address</b> <b>Dorsey &amp; Whitney</b> <b>Po Box 1680</b> <b>Minneapolis, MN 55480</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,705.50</b>
3.194	<b>Nonpriority creditor's name and mailing address</b> <b>Douglas Emmett Realty Fund</b> <b>6330 SAN VINCENTE BLVD. STE 220</b> <b>Los Angeles, CA 90048</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,781.79</b>
3.195	<b>Nonpriority creditor's name and mailing address</b> <b>DR. ELIE HOBEIKA</b> <b>9715 WOOD DRIVE, #910</b> <b>SKOKIE, IL 60077</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>
3.196	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Lisa Tucker</b> <b>8501 Punta Lora</b> <b>Pensacola, FL 32514</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$833.33</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.197	<b>Nonpriority creditor's name and mailing address</b> <b>DS Waters of America, Inc.</b> <b>dba Crystal Springs</b> <b>PO Box 660579</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46.96</b>
-------	--	--	----------------

---

3.198	<b>Nonpriority creditor's name and mailing address</b> <b>Dxnow Inc.</b> <b>401 Professional Dr.</b> <b>Suite 130</b> <b>Gaithersburg, MD 20879</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,611.82</b>
-------	---	--	--------------------

---

3.199	<b>Nonpriority creditor's name and mailing address</b> <b>Dympash Global Inc.</b> <b>PO Box 61377</b> <b>Harrisburg, PA 17106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,015.33</b>
-------	--	--	-------------------

---

3.200	<b>Nonpriority creditor's name and mailing address</b> <b>East Idaho News</b> <b>390 W Sunnyside Ave.</b> <b>Idaho Falls, ID 83402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
-------	---	--	-----------------

---

3.201	<b>Nonpriority creditor's name and mailing address</b> <b>East West Bank</b> <b>PO Box 60021</b> <b>City of Industry, CA 91716</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,814.19</b>
-------	---	--	--------------------

---

3.202	<b>Nonpriority creditor's name and mailing address</b> <b>EBSCO Reception Room</b> <b>Subscription Services</b> <b>PO Box 830460</b> <b>Birmingham, AL 35283</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$211.40</b>
-------	--	--	-----------------

---

3.203	<b>Nonpriority creditor's name and mailing address</b> <b>Ecoast Networks</b> <b>2436 N. Federal Highway No. 406</b> <b>Pompano Beach, FL 33064</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,988.00</b>
-------	--	--	-------------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.204	<b>Nonpriority creditor's name and mailing address</b> <b>EDWARD MARUT, MD</b> <b>790 ASH ST.</b> <b>WINNETKA, IL 60093</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.205	<b>Nonpriority creditor's name and mailing address</b> <b>Eisneramper LLP</b> <b>PO Box 360635</b> <b>Pittsburgh, PA 15251</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$152,880.00</b>
3.206	<b>Nonpriority creditor's name and mailing address</b> <b>Ellenoff Grossman &amp; Schole LLP</b> <b>1345 AVENUE OF THE AMERICAS</b> <b>New York, NY 10105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,732.50</b>
3.207	<b>Nonpriority creditor's name and mailing address</b> <b>EMILY AND CHRISTOPHER GILMORE</b> <b>3561 CEDAR SPRINGS DR SW</b> <b>CONCORD, NC 28027</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,150.00</b>
3.208	<b>Nonpriority creditor's name and mailing address</b> <b>Empire Water</b> <b>46 Cain Drive</b> <b>Plainview, NY 11803</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81.49</b>
3.209	<b>Nonpriority creditor's name and mailing address</b> <b>Encompass Group LLC</b> <b>Dept. 40254</b> <b>PO Box 2153</b> <b>Birmingham, AL 35287</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44.52</b>
3.210	<b>Nonpriority creditor's name and mailing address</b> <b>Energy Management Systems</b> <b>PO Box 646</b> <b>Exton, PA 19341</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,153.33</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.211	<b>Nonpriority creditor's name and mailing address</b> <b>Engagedmd LLC</b> <b>PO Box 4668</b> <b>No. 39776</b> <b>New York, NY 10163</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,331.67</b>
-------	---	--	--------------------

---

3.212	<b>Nonpriority creditor's name and mailing address</b> <b>Entercom Communications Corp</b> <b>PO Box 92911</b> <b>Cleveland, OH 44194</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,428.00</b>
-------	--	--	-------------------

---

3.213	<b>Nonpriority creditor's name and mailing address</b> <b>Env Services Inc.</b> <b>PO Box 37836</b> <b>Baltimore, MD 21297</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,290.00</b>
-------	---	--	-------------------

---

3.214	<b>Nonpriority creditor's name and mailing address</b> <b>Environmental Futures, Inc.</b> <b>2210 W. Irving Park Road</b> <b>Chicago, IL 60618</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$105.00</b>
-------	---	--	-----------------

---

3.215	<b>Nonpriority creditor's name and mailing address</b> <b>Environmental Mngmt Services</b> <b>1688 East Gude Dr.</b> <b>SUite 301</b> <b>Rockville, MD 20850</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,074.00</b>
-------	--	--	-------------------

---

3.216	<b>Nonpriority creditor's name and mailing address</b> <b>ERIN FERGUSON</b> <b>1235 ASHLEY GARDENS</b> <b>UNIT 1125</b> <b>CHARLESTON, SC 29414</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
-------	---	--	-------------------

---

3.217	<b>Nonpriority creditor's name and mailing address</b> <b>Everbank Commercial Finance</b> <b>PO BOX 911608</b> <b>Denver, CO 80291</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,632.78</b>
-------	---	--	-------------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.218	<b>Nonpriority creditor's name and mailing address</b> <b>Evergreen Business Solutions Inc.</b> <b>2863 S West Temple</b> <b>Salt Lake City, UT 84115</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,084.00</b>
3.219	<b>Nonpriority creditor's name and mailing address</b> <b>Everliving Greenery, Inc.</b> <b>740 E. Northwest Highway</b> <b>Palatine, IL 60074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$130.00</b>
3.220	<b>Nonpriority creditor's name and mailing address</b> <b>Eversana</b> <b>24740 Network Place</b> <b>CO 80673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,430.00</b>
3.221	<b>Nonpriority creditor's name and mailing address</b> <b>Evoqua Water Technologies LLC</b> <b>28563 Network Place</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$313.62</b>
3.222	<b>Nonpriority creditor's name and mailing address</b> <b>EXCEL PARTNERS INC</b> <b>535 CONNECTICUT AVE</b> <b>SUITE 105</b> <b>NORWALK, CT 06854</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,056.00</b>
3.223	<b>Nonpriority creditor's name and mailing address</b> <b>EXCELL CONTRACTORS INC</b> <b>927 S WALTER REED DR</b> <b>STE 16</b> <b>Arlington, VA 22204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$650.00</b>
3.224	<b>Nonpriority creditor's name and mailing address</b> <b>EXECUTECH</b> <b>1314 W 11400 S</b> <b>SUITE 200</b> <b>SOUTH JORDAN, UT 84095</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,087.22</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.225	<b>Nonpriority creditor's name and mailing address</b> <b>EXPRESS LAB</b> <b>3910 WASHINGTON PARKWAY, STE B</b> <b>IDAHO FALLS, ID 83404-7596</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$221.00</b>
3.226	<b>Nonpriority creditor's name and mailing address</b> <b>Faultless Linen</b> <b>P.O. Box 779022</b> <b>Chicago, IL 60677-9022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$783.51</b>
3.227	<b>Nonpriority creditor's name and mailing address</b> <b>Fed Ex</b> <b>P O Box 94515</b> <b>Palatine, IL 60094</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,005.37</b>
3.228	<b>Nonpriority creditor's name and mailing address</b> <b>Fed-Ex Corporation 7221</b> <b>PO Box 7221</b> <b>Pasadena, CA 91109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$622.51</b>
3.229	<b>Nonpriority creditor's name and mailing address</b> <b>FEDERAL EXPRESS</b> <b>PO BOX 371461</b> <b>PITTSBURGH, PA 15250</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,906.07</b>
3.230	<b>Nonpriority creditor's name and mailing address</b> <b>FERTILITY PHARMACY OF AMERICA</b> <b>1911 CHURCH ST</b> <b>NASHVILLE, TN 37203</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,401.00</b>
3.231	<b>Nonpriority creditor's name and mailing address</b> <b>FIDELITY ENGINEERING</b> <b>25 LOVETON CIRCLE</b> <b>SPARKS, MD 21152</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70,058.10</b>



Debtor <b>IntegraMed America, Inc.</b> Name		Case number (if known) <b>20-11170 (LSS)</b>	
3.232	<b>Nonpriority creditor's name and mailing address</b> <b>FINN DIXON &amp; HERLING</b> <b>SIX LANDMARK SQUARE</b> <b>STAMFORD, CT 06901</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,090.00</b>
3.233	<b>Nonpriority creditor's name and mailing address</b> <b>FIRST BUSINESS EQUIPMENT FINANCE LLC</b> <b>401 CHARMANY DRIVE</b> <b>MADISON, WI 53719</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,272.07</b>
3.234	<b>Nonpriority creditor's name and mailing address</b> <b>FIRST COMMUNICATIONS LLC</b> <b>SB 781115</b> <b>PO BOX 7800</b> <b>DETROIT, MI 48278-1115</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,480.94</b>
3.235	<b>Nonpriority creditor's name and mailing address</b> <b>FISHER HEALTH CARE</b> <b>13551 COLLECTIONS CENTER DR</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,252.64</b>
3.236	<b>Nonpriority creditor's name and mailing address</b> <b>FISHER HEALTHCARE</b> <b>PO BOX 404705</b> <b>ATLANTA, GA 30384</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>8001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,180.18</b>
3.237	<b>Nonpriority creditor's name and mailing address</b> <b>FISHER HEALTHCARE</b> <b>PO BOX 404705</b> <b>ATLANTA, GA 30384</b> Date(s) debt was incurred <u>ACCT# 944287-001</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$195.75</b>
3.238	<b>Nonpriority creditor's name and mailing address</b> <b>FISHER HEALTHCARE</b> <b>PO BOX 404705</b> <b>ATLANTA, GA 30384-4705</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,758.24</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.239	<b>Nonpriority creditor's name and mailing address</b> <b>FISHER HEALTHCARE</b> <b>P.O. BOX 404705</b> <b>ATLANTA, GA 30384</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$53.63</b>
-------	---	--	----------------

---

3.240	<b>Nonpriority creditor's name and mailing address</b> <b>Fisher HealthCare</b> <b>13551 COLLECTIONS CENTER DR</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred <u>ACCT # 938497-001</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,773.97</b>
-------	--	--	-------------------

---

3.241	<b>Nonpriority creditor's name and mailing address</b> <b>FISHER SCIENTIFIC</b> <b>PO BOX 3648</b> <b>BOSTON, MA 02241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$296.59</b>
-------	---	--	-----------------

---

3.242	<b>Nonpriority creditor's name and mailing address</b> <b>FISHER SCIENTIFIC COMPANY LLC</b>  <b>LOS ANGELES, CA 90074</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0129</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,780.11</b>
-------	---	--	-------------------

---

3.243	<b>Nonpriority creditor's name and mailing address</b> <b>FLAIR MARKETING &amp; ADVERTISING</b> <b>C/O HOLLY CLAYSON</b> <b>2313 MOUNT PLEASANT STREET</b> <b>CHARLESTON, SC 29403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,600.00</b>
-------	--	--	-------------------

---

3.244	<b>Nonpriority creditor's name and mailing address</b> <b>FLORAL IMAGE LOS ANGELES</b> <b>1732 AVIATION BLVD</b> <b>STE. 221</b> <b>REDONDO BEACH, CA 90278</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49.28</b>
-------	---	--	----------------

---

3.245	<b>Nonpriority creditor's name and mailing address</b> <b>FLORIDA HIGH SPEED INTERNET</b> <b>1311 BEDFORD DR</b> <b>MELBOURNE, FL 32940</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
-------	--	--	-----------------

---

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.246	<b>Nonpriority creditor's name and mailing address</b> <b>FLUENT LANGUAGE SOLUTIONS, INC</b> <b>PO BOX 602995</b> <b>CHARLOTTE, NC 28260</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,182.98</b>
-------	---	--	-------------------

---

3.247	<b>Nonpriority creditor's name and mailing address</b> <b>FLYNN PLUMBING</b> <b>1870 ARNOLD PLACE</b> <b>SUITE 1030</b> <b>CONCORD, CA 94520</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$468.00</b>
-------	--	--	-----------------

---

3.248	<b>Nonpriority creditor's name and mailing address</b> <b>FREEDOM DELIVERY &amp; LOGISTICS</b> <b>15705 POINTER RIDGE DR</b> <b>BOWIE, MD 20716</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,933.37</b>
-------	--	--	-------------------

---

3.249	<b>Nonpriority creditor's name and mailing address</b> <b>FROEDTERT MEMORIAL LUTHERAN</b> <b>HOSPITAL</b> <b>DRAWER 385</b> <b>MILWAUKEE, WI 53278</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,178.40</b>
-------	--	--	--------------------

---

3.250	<b>Nonpriority creditor's name and mailing address</b> <b>FRONTIER</b> <b>PO BOX 740407</b> <b>CINCINNATI, OH 45274-0407</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$131.55</b>
-------	---	--	-----------------

---

3.251	<b>Nonpriority creditor's name and mailing address</b> <b>FUJIFILM IRVINE SCIENTIFIC</b> <b>1830 EAST WARNER AVE</b> <b>SANTA ANA, CA 92705</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$185,325.96</b>
-------	--	--	---------------------

---

3.252	<b>Nonpriority creditor's name and mailing address</b> <b>FUTURE FAMILY, INC</b> <b>655 MONTGOMERY ST, 7TH FLR</b> <b>SAN FRANCISCO, CA 94111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$294.00</b>
-------	--	--	-----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.253	<b>Nonpriority creditor's name and mailing address</b> <b>G.T. ANESTHESIA</b> <b>3480 YARMOUTH DR</b> <b>MOUNT PLEASANT, SC 29466</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,275.00</b>
-------	--	--	-------------------

---

3.254	<b>Nonpriority creditor's name and mailing address</b> <b>GAHC4 TINLEY PARK IL MOB LLC</b> <b>C/O GAHC4 GREAT NORD MOB PORTFOLIO LLC</b> <b>PO BOX 74008256</b> <b>CHICAGO, IL 60674-8256</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,162.86</b>
-------	---	--	-------------------

---

3.255	<b>Nonpriority creditor's name and mailing address</b> <b>GALLAGHER BASSETT SERVICES, INC</b> <b>1900 W. LOOP S. SUITE 1500</b> <b>HOUSTON, TX 77027</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,636.50</b>
-------	---	--	-------------------

---

3.256	<b>Nonpriority creditor's name and mailing address</b> <b>GARDA CL WEST-LOCKBOX # 233209</b> <b>3209 MOMENTUM PLACE</b> <b>CHICAGO, IL 60689-5332</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,101.45</b>
-------	--	--	-------------------

---

3.257	<b>Nonpriority creditor's name and mailing address</b> <b>GE HEALTHCARE</b> <b>P.O. BOX 96483</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,402.52</b>
-------	---	--	--------------------

---

3.258	<b>Nonpriority creditor's name and mailing address</b> <b>GE PRECISON HEALTHCARE LLC</b> <b>PO BOX 96483</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,393.71</b>
-------	--	--	-------------------

---

3.259	<b>Nonpriority creditor's name and mailing address</b> <b>GENESCREEN CONSULTING LLC</b> <b>75 CLAREMONT RD</b> <b>SUITE 305</b> <b>BERNARDSVILLE, NJ 07924</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,075.00</b>
-------	--	--	-------------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.260	<b>Nonpriority creditor's name and mailing address</b> <b>GETTY IMAGES US INC</b> <b>PO BOX 953604</b> <b>SAINT LOUIS, MO 63195</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$579.00</b>
<hr/>			
3.261	<b>Nonpriority creditor's name and mailing address</b> <b>Ghanima Maassarani</b> <b>3745 Pacific Street</b> <b>Las Vegas, NV 89121</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,811.69</b>
<hr/>			
3.262	<b>Nonpriority creditor's name and mailing address</b> <b>GOLDBERG KOHN LTD</b> <b>55 EAST MONROE STREET</b> <b>SUITE 3300</b> <b>CHICAGO, IL 60603-3000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,517.80</b>
<hr/>			
3.263	<b>Nonpriority creditor's name and mailing address</b> <b>GOLDEN TRIANGLE STORAGE</b> <b>10345 SORRENTO VALLEY RD</b> <b>SAN DIEGO, CA 92121</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$505.00</b>
<hr/>			
3.264	<b>Nonpriority creditor's name and mailing address</b> <b>GORDON FOOD SERVICE, INC</b> <b>PO BOX 88029</b> <b>CHICAGO, IL 60680-1029</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$738.33</b>
<hr/>			
3.265	<b>Nonpriority creditor's name and mailing address</b> <b>GOSA GROUP</b> <b>5600 N RIVER RD</b> <b>STE 800</b> <b>ROSEMONT, IL 60018</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,827.50</b>
<hr/>			
3.266	<b>Nonpriority creditor's name and mailing address</b> <b>GRAINGER</b> <b>DEPT 867992950</b> <b>PO BOX 419267</b> <b>KANSAS CITY, MO 64141-6267</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$590.08</b>

Debtor	<b>IntegraMed America, Inc.</b> Name	Case number (if known)	<b>20-11170 (LSS)</b>
--------	---	------------------------	-----------------------

---

3.267	<b>Nonpriority creditor's name and mailing address</b> <b>GRAND FLOW - 10217</b> <b>P.O. BOX 10217</b> <b>PLEASANTON, CA 94588</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90.40</b>
-------	---	--	----------------

---

3.268	<b>Nonpriority creditor's name and mailing address</b> <b>GRANITE PROPERTIES</b> <b>205 GRANITE RUN DRIVE</b> <b>LANCASTER, PA 17601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,432.97</b>
-------	---	--	-------------------

---

3.269	<b>Nonpriority creditor's name and mailing address</b> <b>GREATAMERICA FINANCIAL SVCS.</b> <b>PO BOX 660831</b> <b>DALLAS, TX 75266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,843.06</b>
-------	--	--	-------------------

---

3.270	<b>Nonpriority creditor's name and mailing address</b> <b>GREEN MEDICAL</b> <b>PO BOX 628328</b> <b>ORLANDO, FL 32862-8328</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,778.00</b>
-------	---	--	-------------------

---

3.271	<b>Nonpriority creditor's name and mailing address</b> <b>GREENBERG TRAUIG, LLP</b> <b>77 WEST WACKER DRIVE , STE 3100</b> <b>CHICAGO, IL 60601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,305.00</b>
-------	--	--	-------------------

---

3.272	<b>Nonpriority creditor's name and mailing address</b> <b>GUARDIAN REALTY FUND II DULANEY LLC</b> <b>DULANEY CENTER BUSINESS TRUST</b> <b>PO BOX 76005</b> <b>BALTIMORE, MD 21275-6005</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,917.80</b>
-------	--	--	--------------------

---

3.273	<b>Nonpriority creditor's name and mailing address</b> <b>HALL EQUITIES GROUP</b> <b>1855 OLYMPIC BLVD. SUITE 300</b> <b>WALNUT CREEK, CA 94596</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,667.12</b>
-------	--	--	--------------------

Debtor	<b>IntegraMed America, Inc.</b> Name	Case number (if known)	<b>20-11170 (LSS)</b>
--------	---	------------------------	-----------------------

---

3.274	<b>Nonpriority creditor's name and mailing address</b> <b>HAMILTON PARTNERS, INC.</b> <b>1130 LAKE COOK ROAD</b> <b>SUITE 190</b> <b>BUFFALO GROVE, IL 60089</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,873.03</b>
-------	--	--	-------------------

---

3.275	<b>Nonpriority creditor's name and mailing address</b> <b>HAMILTON THORNE INC</b> <b>100 CUMMINGS CENTER</b> <b>STE 465E</b> <b>BEVERLY, MA 01915-4000</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$257.00</b>
-------	--	--	-----------------

---

3.276	<b>Nonpriority creditor's name and mailing address</b> <b>HANDCRAFT CLEANERS &amp; LAUNDERERS</b> <b>INC</b> <b>2810 COFER ROAD</b> <b>RICHMOND, VA 23224</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,343.97</b>
-------	---	--	-------------------

---

3.277	<b>Nonpriority creditor's name and mailing address</b> <b>HCA HEALTH SERVICES OF VIRGINIA INC</b> <b>HENRICO DOCTORS HOSPITAL</b> <b>1602 SKIPWITH ROAD</b> <b>RICHMOND, VA 23229</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119.50</b>
-------	---	--	-----------------

---

3.278	<b>Nonpriority creditor's name and mailing address</b> <b>HCP DR MCD, LLC</b> <b>P.O. Box 840597</b> <b>DALLAS, TX 75284-0597</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,237.36</b>
-------	--	--	--------------------

---

3.279	<b>Nonpriority creditor's name and mailing address</b> <b>HEALTHCARE EQUIPMENT FINANCE</b> <b>PO BOX 645811</b> <b>PITTSBURGH, PA 15264</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,827.00</b>
-------	--	--	--------------------

---

3.280	<b>Nonpriority creditor's name and mailing address</b> <b>HEALTHCARE INSURANCE</b> <b>PROFESSIONALS</b> <b>THE CURTIS CENTER</b> <b>601 WALNUT STREET SUITE 275W</b> <b>PHILADELPHIA, PA 19106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83.21</b>
-------	---	--	----------------

Debtor	IntegraMed America, Inc. <small>Name</small>	Case number (if known)	20-11170 (LSS)
--------	---	------------------------	----------------

---

3.281	<b>Nonpriority creditor's name and mailing address</b> <b>HEALTHCARE REALTY SERVICES INC</b> <b>PO BOX 843866</b> <b>DALLAS, TX 75284-3866</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,826.20</b>
-------	---	--	--------------------

---

3.282	<b>Nonpriority creditor's name and mailing address</b> <b>HELLO INC</b> <b>PO BOX 26846</b> <b>RICHMOND, VA 23261-6846</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$279.95</b>
-------	---	--	-----------------

---

3.283	<b>Nonpriority creditor's name and mailing address</b> <b>HENINGER ENTERPRISES, LLC</b> <b>2561 SOUTH 1560 WEST</b> <b>SUITE B</b> <b>WOODS CROSS, UT 84087</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$485.00</b>
-------	---	--	-----------------

---

3.284	<b>Nonpriority creditor's name and mailing address</b> <b>Henry Schein</b> <b>Dept Ch 10241</b> <b>Palatine, IL 60055-0241</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,725.00</b>
-------	---	--	-------------------

---

3.285	<b>Nonpriority creditor's name and mailing address</b> <b>HEPPS RX PHARMACY</b> <b>240 S. LA CIENEGA</b> <b>STE 100</b> <b>BEVERLY HILLS, CA 92011</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$640.60</b>
-------	--	--	-----------------

---

3.286	<b>Nonpriority creditor's name and mailing address</b> <b>HERMANSON COMPANY LLP</b> <b>1221 2ND AVE NORTH</b> <b>KENT, WA 98032</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,234.58</b>
-------	--	--	-------------------

---

3.287	<b>Nonpriority creditor's name and mailing address</b> <b>HF ACQUISITION CO LLC</b> <b>DEPT CH 14330</b> <b>PALATINE, IL 60055-4330</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$147.43</b>
-------	--	--	-----------------

---



Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.288	<b>Nonpriority creditor's name and mailing address</b> <b>HI TECH COLOR</b> <b>1115 GROVE ST</b> <b>BOISE, ID 83702</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$347.68</b>
3.289	<b>Nonpriority creditor's name and mailing address</b> <b>HINCKLEY SPRING WATER COMPANY</b> <b>PO BOX 660579</b> <b>DALLAS, TX 75266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$122.25</b>
3.290	<b>Nonpriority creditor's name and mailing address</b> <b>HIRERIGHT LLC</b> <b>PO BOX 847891</b> <b>DALLAS, TX 75284-7891</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,872.87</b>
3.291	<b>Nonpriority creditor's name and mailing address</b> <b>HORIZON MARKETING GROUP</b> <b>PO BOX 628281</b> <b>ORLANDO, FL 32862-8281</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$54,945.76</b>
3.292	<b>Nonpriority creditor's name and mailing address</b> <b>HSRE CAPMED LLC</b> <b>HSRE CAPMED WOODBURN I, LLC</b> <b>PO BOX 71538</b> <b>CHICAGO, IL 60694-1538</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$56,227.87</b>
3.293	<b>Nonpriority creditor's name and mailing address</b> <b>HSRE CAPMED OPPORTUNITY HOLDING, LLC</b> <b>C/O AVISON YOUNG</b> <b>11921 ROCKVILLE PIKE, SUITE 200</b> <b>ROCKVILLE, MD 20852</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,651.82</b>
3.294	<b>Nonpriority creditor's name and mailing address</b> <b>HTA- CELEBRATION HOSPITAL MOB, LLC</b> <b>PO BOX 80256</b> <b>DENVER, CO 80256</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,501.89</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

<b>3.295</b>	<b>Nonpriority creditor's name and mailing address</b> <b>HUBBARD RADIO WEST PALM BEACH, LLC</b> <b>PO BOX 645703</b> <b>CINCINNATI, OH 45264-5703</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,620.00</b>
<b>3.296</b>	<b>Nonpriority creditor's name and mailing address</b> <b>IDAHO STATE PUBLISHING</b> <b>PO BOX 1570</b> <b>POCATELLO, ID 83204</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>
<b>3.297</b>	<b>Nonpriority creditor's name and mailing address</b> <b>IGENOMIX LA</b> <b>383 VAN NESS AVE</b> <b>TORRANCE, CA 90501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,750.00</b>
<b>3.298</b>	<b>Nonpriority creditor's name and mailing address</b> <b>IGENOMIX USA</b> <b>7955 NW 12TH ST</b> <b>SUITE 415</b> <b>Miami, FL 33126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,100.00</b>
<b>3.299</b>	<b>Nonpriority creditor's name and mailing address</b> <b>IHEARTMEDIA</b> <b>PO BOX 419499</b> <b>BOSTON, MA 02241-9499</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93,402.32</b>
<b>3.300</b>	<b>Nonpriority creditor's name and mailing address</b> <b>IMAGE FIRST MEDICAL WEAR</b> <b>PO BOX 61323</b> <b>KING OF PRUSSIA, PA 19406</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,900.56</b>
<b>3.301</b>	<b>Nonpriority creditor's name and mailing address</b> <b>IMAGEFIRST UNIFORM RENTAL SVCS.INC</b> <b>PO BOX 61323</b> <b>KING OF PRUSSIA, PA 19406</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,302.22</b>

Debtor	IntegraMed America, Inc. <small>Name</small>	Case number (if known)	20-11170 (LSS)
--------	---	------------------------	----------------

  

3.302	<b>Nonpriority creditor's name and mailing address</b> <b>INDEPENDENT HOLDINGS,LLC</b> <b>C/O PARK PLACE MEDICAL BLDG</b> <b>608 N. EL CAMINO REAL</b> <b>SAN MATEO, CA 94401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,364.14</b>
3.303	<b>Nonpriority creditor's name and mailing address</b> <b>INFECTION CONTOL SOLUTIONS, LLC</b> <b>5586 SOUTH FORT APACHE</b> <b>STE 100</b> <b>LAS VEGAS, NV 89148</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$290.46</b>
3.304	<b>Nonpriority creditor's name and mailing address</b> <b>INFLOW CIMMUNICATIONS INC</b> <b>PO BOX 4120 # 5424</b> <b>PORTLAND, OR 97208</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
3.305	<b>Nonpriority creditor's name and mailing address</b> <b>INFORMS BUSINESS PRINTING</b> <b>3860 EAGLE DRIVE</b> <b>ANAHEIM, CA 92807</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$754.50</b>
3.306	<b>Nonpriority creditor's name and mailing address</b> <b>INHEALTH RECORD SYSTEMS</b> <b>5076 WINTERS CHAPEL RD</b> <b>STE 200</b> <b>ATLANTA, GA 30360</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$63.94</b>
3.307	<b>Nonpriority creditor's name and mailing address</b> <b>INNER HARBOR EAST GARAGE, LLC</b> <b>650 SOUTH EXETER ST.</b> <b>SUITE 200</b> <b>BALTIMORE, MD 21202</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,567.84</b>
3.308	<b>Nonpriority creditor's name and mailing address</b> <b>INNOVATIVE HEALTHCARE SYSTEMS</b> <b>3205 LAKESIDE DR</b> <b>CUMMING, GA 30041</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,750.00</b>

Debtor	IntegraMed America, Inc. <small>Name</small>	Case number (if known)	20-11170 (LSS)
--------	---	------------------------	----------------

  

3.309	<b>Nonpriority creditor's name and mailing address</b> <b>INTEGRATED ID SYSTEMS, INC</b> <b>1150 E CREWS ROAD</b> <b>MATTHEWS, NC 28105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.17
3.310	<b>Nonpriority creditor's name and mailing address</b> <b>INTERIOR GARDENS BMG</b> <b>ATTN; KEVIN KING</b> <b>1629 EAST 18TH AVE</b> <b>SPOKANE, WA 99203</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.84
3.311	<b>Nonpriority creditor's name and mailing address</b> <b>INTERMOUNTAIN GAS CO.</b> <b>P.O. BOX 5600</b> <b>BISMARCK, ND 58506-5600</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$236.19
3.312	<b>Nonpriority creditor's name and mailing address</b> <b>Internet Health Resources</b> <b>1133 Garden Lane</b> <b>LAFAYETTE, CA 94549</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.00
3.313	<b>Nonpriority creditor's name and mailing address</b> <b>INVITAE CORPORATION</b> <b>PO BOX 206240</b> <b>DALLAS, TX 75320</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
3.314	<b>Nonpriority creditor's name and mailing address</b> <b>IRON MOUNTAIN</b> <b>PO BOX 27128</b> <b>NEW YORK, NY 10087</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,375.85
3.315	<b>Nonpriority creditor's name and mailing address</b> <b>Iron Mountain</b> <b>P.O. Box 915004</b> <b>DALLAS, TX 75391-5004</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,396.34

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.316	<b>Nonpriority creditor's name and mailing address</b> <b>IRON MOUNTAIN RECORDS</b> <b>PO BOX 601002</b> <b>PASADENA, CA 91189</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$845.03</b>
-------	---	--	-----------------

---

3.317	<b>Nonpriority creditor's name and mailing address</b> <b>IT'S MY COOLER LLP</b> <b>PO BOX 476</b> <b>POOLESVILLE, MD 20837</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$984.74</b>
-------	--	--	-----------------

---

3.318	<b>Nonpriority creditor's name and mailing address</b> <b>ITEDIUM, INC</b> <b>PO BOX 504265</b> <b>SAINT LOUIS, MO 63150-4265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$516.60</b>
-------	--	--	-----------------

---

3.319	<b>Nonpriority creditor's name and mailing address</b> <b>ITENTIVE CORPORATION</b> <b>1 PIERCE PLACE</b> <b>400E</b> <b>ITASCA, IL 60143</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,400.00</b>
-------	--	--	--------------------

---

3.320	<b>Nonpriority creditor's name and mailing address</b> <b>IVF STORE LLC</b> <b>5975 SHILOH RD</b> <b>SUITE 101</b> <b>ALPHARETTA, GA 30005</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,411.39</b>
-------	--	--	--------------------

---

3.321	<b>Nonpriority creditor's name and mailing address</b> <b>IVIGEN, LLC/IGENOMIX USA</b> <b>7955 NW 12TH STREET</b> <b>SUITE 415</b> <b>DORAL, FL 33126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$777,934.62</b>
-------	---	--	---------------------

---

3.322	<b>Nonpriority creditor's name and mailing address</b> <b>J L.OPTICAL, INC</b> <b>6618 S. ATLANTIC AVENUE</b> <b>NEW SMYRNA BEACH 32169</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
-------	--	--	-----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.323	<b>Nonpriority creditor's name and mailing address</b> <b>J2 CLOUD SERVICES</b> <b>PO BOX 102011</b> <b>PASADENA, CA 91189-2011</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,734.08</b>
-------	--	--	-------------------

---

3.324	<b>Nonpriority creditor's name and mailing address</b> <b>JACOBS MEDICAL, LLC.</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
-------	---	--	-------------------

---

3.325	<b>Nonpriority creditor's name and mailing address</b> <b>JAF Station</b> <b>P.O. Box 1702</b> <b>NEW YORK, NY 10116-1702</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,325.09</b>
-------	--	--	-------------------

---

3.326	<b>Nonpriority creditor's name and mailing address</b> <b>JANE NANI, MD</b> <b>1461 GLENVIEW RD</b> <b>GLENVIEW, IL 60025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
-------	--	--	-------------------

---

3.327	<b>Nonpriority creditor's name and mailing address</b> <b>JANIKING OF ILLINOIS, INC.</b> <b>OPPORTUNITY FRANCHISING INC</b> <b>2791 MOMENTUM PLACE</b> <b>CHICAGO, IL 60689</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$555.00</b>
-------	---	--	-----------------

---

3.328	<b>Nonpriority creditor's name and mailing address</b> <b>Java Works Enterprises, Inc.</b> <b>6818 Benjamin Rd</b> <b>Tampa, FL 33634</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$361.96</b>
-------	--	--	-----------------

---

3.329	<b>Nonpriority creditor's name and mailing address</b> <b>JEFFERSON MEDICAL &amp; IMAGING INC</b> <b>PO BOX 254</b> <b>OAK RIDGE, NJ 07438</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,298.53</b>
-------	---	--	-------------------

Debtor	<b>IntegraMed America, Inc.</b> Name	Case number (if known)	<b>20-11170 (LSS)</b>
--------	---	------------------------	-----------------------

---

3.330	<b>Nonpriority creditor's name and mailing address</b> <b>Jennifer Dias</b> <b>3422 Fletton Way</b> <b>Summerville, SC 29485</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
-------	---	--	-------------------

---

3.331	<b>Nonpriority creditor's name and mailing address</b> <b>JENNIFER HART</b> <b>141 MONTANA DRIVE</b> <b>ST. CHARLES, MO 63304</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.00</b>
-------	--	--	----------------

---

3.332	<b>Nonpriority creditor's name and mailing address</b> <b>JENNIFER HIRSHFELD-CYTRON, M.D.</b> <b>851 NORTHWOODS DR</b> <b>DEERFIELD, IL 60015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
-------	--	--	-------------------

---

3.333	<b>Nonpriority creditor's name and mailing address</b> <b>JK MOVING &amp; STORAGE INC</b> <b>44112 MERCURE CIRCLE</b> <b>STERLING, VA 20166</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$584.83</b>
-------	--	--	-----------------

---

3.334	<b>Nonpriority creditor's name and mailing address</b> <b>John Gililland</b> <b>5320 S RAINBOW BLVD STE 300</b> <b>LAS VEGAS, NV 89118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,600.00</b>
-------	---	--	-------------------

---

3.335	<b>Nonpriority creditor's name and mailing address</b> <b>John J. Rapisarda, MD</b> <b>2714 Sheridan Road</b> <b>Evanston, IL 60201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
-------	--	--	-------------------

---

3.336	<b>Nonpriority creditor's name and mailing address</b> <b>JOHN MINI</b> <b>250 BRENNER DRIVE</b> <b>CONGERS, NY 10920</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$190.24</b>
-------	--	--	-----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

<b>3.337</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JOHNSON CONTROLS INC.</b> <b>75373</b> <b>DALLAS, TX 75373</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,252.77</b>
--------------	---	--	-------------------

---

<b>3.338</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JONES WALKER LLP</b> <b>201 ST. CHARLES AVE - 50TH FLOOR</b> <b>NEW ORLEANS, LA 70170-5100</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,010.00</b>
--------------	---	--	--------------------

---

<b>3.339</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Joy Anne Aker</b> <b>Joy Aker CRNA LLC</b> <b>Trumpet Dr</b> <b>Columbia, MD 21045</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,400.00</b>
--------------	--	--	-------------------

---

<b>3.340</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JOYCE MURTY</b> <b>344 PREBLE STREET</b> <b>SOUTH PORTLAND, ME 04106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,450.00</b>
--------------	---	--	-------------------

---

<b>3.341</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Julie V&gt; Douglass, M.D.</b> <b>20911 Earl St. Suite 100</b> <b>Torrance, CA 90503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$130.00</b>
--------------	---	--	-----------------

---

<b>3.342</b>	<b>Nonpriority creditor's name and mailing address</b> <b>KAESER &amp; BLAIR, INC</b> <b>4236 GRISSOM DRIVE</b> <b>BATAVIA, OH 45103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$480.49</b>
--------------	---	--	-----------------

---

<b>3.343</b>	<b>Nonpriority creditor's name and mailing address</b> <b>KARL STORZ ENDOSCOPY - AMERICA INC</b> <b>FILE NO 53514</b> <b>LOS ANGELES, CA 90074-3514</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,391.54</b>
--------------	--	--	-------------------

---



Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.344	<b>Nonpriority creditor's name and mailing address</b> <b>KATZ DIGITAL GROUP</b> <b>12019 COLLECTION CENTER DR</b> <b>CHICAGO, IL 60693-0001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,194.10</b>
-------	---	--	-------------------

---

3.345	<b>Nonpriority creditor's name and mailing address</b> <b>KENTWOOD SPRINGS</b> <b>PO BOX 660579</b> <b>DALLAS, TX 75266-0579</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$149.05</b>
-------	---	--	-----------------

---

3.346	<b>Nonpriority creditor's name and mailing address</b> <b>Kia Xiong and Yer Vue</b> <b>9284 Compass Pointe Cir</b> <b>Borup, MN 56519</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,750.00</b>
-------	--	--	--------------------

---

3.347	<b>Nonpriority creditor's name and mailing address</b> <b>KONICA MINOLTA BUSINESS SOLUTIONS</b> <b>DEPT. CH 19188</b> <b>PALATINE, IL 60055-9188</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,466.62</b>
-------	---	--	-------------------

---

3.348	<b>Nonpriority creditor's name and mailing address</b> <b>KONICA MINOLTA PREMIER FINANCE</b> <b>PO BOX 030310</b> <b>LOS ANGELES, CA 90030-0310</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,725.48</b>
-------	--	--	-------------------

---

3.349	<b>Nonpriority creditor's name and mailing address</b> <b>KONICA MINOLTA PREMIER FINANCE</b> <b>PO BOX 105743</b> <b>ATLANTA, GA 30348</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,322.16</b>
-------	---	--	-------------------

---

3.350	<b>Nonpriority creditor's name and mailing address</b> <b>Kristi Rodgersen</b> <b>1446 W. Pleasant Grove Blvd.</b> <b>Pleasant Grove, UT 84062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$731.00</b>
-------	---	--	-----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.351	<b>Nonpriority creditor's name and mailing address</b> <b>KRUEGER-GILBERT HEALTH PHYSICS INC</b> <b>809 Gleneagles Court, Suite 100</b> <b>TOWSON, MD 21286</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$579.05</b>
-------	--	--	-----------------

---

3.352	<b>Nonpriority creditor's name and mailing address</b> <b>L.E.C. SERVICE INC</b> <b>1865 W 222ND ST</b> <b>SUITE A</b> <b>TORRANCE, CA 90501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$240.00</b>
-------	--	--	-----------------

---

3.353	<b>Nonpriority creditor's name and mailing address</b> <b>LA JOLLA DISCOUNT PHARMACY</b> <b>9850 GENESEE AVE # 160</b> <b>LA JOLLA, CA 92037</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$133.20</b>
-------	---	--	-----------------

---

3.354	<b>Nonpriority creditor's name and mailing address</b> <b>LAB CORP</b> <b>PO BOX 12140</b> <b>BURLINGTON, NC 27216</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$192,536.30</b>
-------	---	--	---------------------

---

3.355	<b>Nonpriority creditor's name and mailing address</b> <b>LAB DISPOSABLE PRODUCTS INC</b> <b>PO BOX 2239</b> <b>WAYNE, NJ 07474</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,308.98</b>
-------	--	--	-------------------

---

3.356	<b>Nonpriority creditor's name and mailing address</b> <b>LABELS DIRECT INC</b> <b>664 TRADE CENTER BLVD</b> <b>CHESTERFIELD, MO 63005</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$457.00</b>
-------	---	--	-----------------

---

3.357	<b>Nonpriority creditor's name and mailing address</b> <b>Laci Spencer</b> <b>296 Ceasar Place</b> <b>Hilton Head Island, SC 29926</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
-------	---	--	-------------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.358	<b>Nonpriority creditor's name and mailing address</b> <b>LAKE COUNTY PRESS, INC.</b> <b>PO BOX 9209</b> <b>WAUKEGAN, IL 60079-9209</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,516.38</b>
-------	--	--	-------------------

---

3.359	<b>Nonpriority creditor's name and mailing address</b> <b>LAKE WHITNEY PHASE II, LLC</b> <b>1860 SW FOUNTAINVIEW BLVD.</b> <b>SUITE 100</b> <b>PORT SAINT LUCIE, FL 34986</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,182.69</b>
-------	---	--	-------------------

---

3.360	<b>Nonpriority creditor's name and mailing address</b> <b>Land Dynamics Inc.</b> <b>7800 Forsyth Blvd</b> <b>Suite 800</b> <b>Saint Louis, MO 63105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28.75</b>
-------	---	--	----------------

---

3.361	<b>Nonpriority creditor's name and mailing address</b> <b>LANGTREE OFFICE CENTER , LLC</b> <b>C/O RL WEST</b> <b>401 LANGTREE RD</b> <b>MOORESVILLE, NC 28117</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,720.85</b>
-------	---	--	-------------------

---

3.362	<b>Nonpriority creditor's name and mailing address</b> <b>LANGUAGE LINE SERVICES</b> <b>PO BOX 202564</b> <b>DALLAS, TX 75320</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151.75</b>
-------	--	--	-----------------

---

3.363	<b>Nonpriority creditor's name and mailing address</b> <b>LARSON-MILLER INC.</b> <b>3414 E GREENHURST</b> <b>NAMPA, ID 83686</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$336.79</b>
-------	---	--	-----------------

---

3.364	<b>Nonpriority creditor's name and mailing address</b> <b>LASER LINE INC</b> <b>1025 W. NURSERY RD STE 122</b> <b>LINTHICUM HEIGHTS, MD 21090</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,437.29</b>
-------	--	--	-------------------

Debtor **IntegraMed America, Inc.**  
NameCase number (if known) **20-11170 (LSS)**

3.365	<b>Nonpriority creditor's name and mailing address</b> <b>LAUREN HEATWOLE AND RAY WITKINS</b> <b>5375 CHISWICK CIRCLE</b> <b>ORLANDO, FL 32812</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,000.00</b>
3.366	<b>Nonpriority creditor's name and mailing address</b> <b>LAWRENCE FRIEDMAN</b> <b>205 EAST SADDLE RIVER RD</b> <b>SADDLE RIVER, NJ 07458</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,500.00</b>
3.367	<b>Nonpriority creditor's name and mailing address</b> <b>LAZ PARKING</b> <b>PO BOX 933911</b> <b>ATLANTA, GA 31193-3911</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$510.00</b>
3.368	<b>Nonpriority creditor's name and mailing address</b> <b>LAZ PARKING LTD</b> <b>PO BOX 759228</b> <b>BALTIMORE, MD 21275</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$240.00</b>
3.369	<b>Nonpriority creditor's name and mailing address</b> <b>LEASING ASSOCIATES OF BARRINGTON</b> <b>BARRINGTON, INC.</b> <b>220 NORTH RIVER STREET</b> <b>DUNDEE, IL 60118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,654.37</b>
3.370	<b>Nonpriority creditor's name and mailing address</b> <b>LEMAY MOBILE SHREDDING</b> <b>PO BOX 7428</b> <b>PASADENA, CA 91109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$82.80</b>
3.371	<b>Nonpriority creditor's name and mailing address</b> <b>LENDING CLUB PATIENT SOLUTIONS</b> <b>SUITE 310</b> <b>WESTBOROUGH, MA 01581</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,522.95</b>

Debtor <b>IntegraMed America, Inc.</b> Name		Case number (if known) <b>20-11170 (LSS)</b>	
3.372	<b>Nonpriority creditor's name and mailing address</b> <b>LENOVO FINANCIAL SERVICES</b> <b>21146 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1211</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,957.06</b>
3.373	<b>Nonpriority creditor's name and mailing address</b> <b>LIEBERMAN RESEARCH WORLDWIDE</b> <b>1900 AVENUE OF THE STARS #1600</b> <b>LOS ANGELES, CA 90067</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,370.00</b>
3.374	<b>Nonpriority creditor's name and mailing address</b> <b>LIFE GAS</b> <b>LINDE GAS NORTH AMERICA LLC</b> <b>24963 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1249</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,714.12</b>
3.375	<b>Nonpriority creditor's name and mailing address</b> <b>LIFE INSURANCE COMPANY OF NORTH AMERICA</b> <b>PO BOX 782447</b> <b>PHILADELPHIA, PA 19178-2447</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,378.96</b>
3.376	<b>Nonpriority creditor's name and mailing address</b> <b>LIGHTNING BOLT SOLUTIONS, INC</b> <b>PO BOX 841448</b> <b>DALLAS, TX 75284-1448</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$503.30</b>
3.377	<b>Nonpriority creditor's name and mailing address</b> <b>LINA</b> <b>PO BOX 13701</b> <b>PHILADELPHIA, PA 19101-3701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47,204.54</b>
3.378	<b>Nonpriority creditor's name and mailing address</b> <b>LORNE HOLLAND</b> <b>3200 S. GARFIELD AVE</b> <b>SIOUX FALLS, SD 57105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.379	<b>Nonpriority creditor's name and mailing address</b> <b>LUCY WEBB HAYES NATIONAL TRAINING</b> <b>c/o Avison Young</b> <b>11921 ROCKVILLE PIKE SUITE 200</b> <b>ROCKVILLE, MD 20850</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,677.32</b>
3.380	<b>Nonpriority creditor's name and mailing address</b> <b>MAITLAND WINTER PARK PLUMBING</b> <b>210 N. SWOOPE AVE</b> <b>MAITLAND, FL 32751</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$132.00</b>
3.381	<b>Nonpriority creditor's name and mailing address</b> <b>MALECKI &amp; BROOKS LAW GROUP ,LLC</b> <b>205 E. BUTTERFIELD RD SUITE 225</b> <b>ELMHURST, IL 60126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$850.00</b>
3.382	<b>Nonpriority creditor's name and mailing address</b> <b>MARJORIE HIDER</b> <b>260 RIPPLING LANE</b> <b>WINTER PARK, FL 32789</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$400.00</b>
3.383	<b>Nonpriority creditor's name and mailing address</b> <b>Mark J. Sheppard</b> <b>1622 W. Cornelia Ave #3</b> <b>Chicago, IL 60657</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,187.50</b>
3.384	<b>Nonpriority creditor's name and mailing address</b> <b>MARLIN BUSINESS BANK</b> <b>PO BOX 13604</b> <b>PHILADELPHIA, PA 19101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$169.73</b>
3.385	<b>Nonpriority creditor's name and mailing address</b> <b>MARLIN LEASING CORP 3604</b> <b>PO BOX 13604</b> <b>PHILADELPHIA, PA 19101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,603.17</b>

Debtor	<b>IntegraMed America, Inc.</b> Name	Case number (if known)	<b>20-11170 (LSS)</b>
--------	---	------------------------	-----------------------

---

3.386	<b>Nonpriority creditor's name and mailing address</b> <b>MARTIN, DECRUZE &amp; COMPANY LLP</b> <b>2777 SUMMER ST</b> <b>4TH FLOOR</b> <b>STAMFORD, CT 06905</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,400.00</b>
-------	--	--	-------------------

---

3.387	<b>Nonpriority creditor's name and mailing address</b> <b>MASSEY SERVICES INC</b> <b>PO BOX 547668</b> <b>ORLANDO, FL 32854</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$74.55</b>
-------	--	--	----------------

---

3.388	<b>Nonpriority creditor's name and mailing address</b> <b>MCGUIRE PARK PHARMACY</b> <b>2106 E MAIN STREET</b> <b>RICHMOND, VA 23223</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$354.55</b>
-------	--	--	-----------------

---

3.389	<b>Nonpriority creditor's name and mailing address</b> <b>MCKESSON GENERAL MEDICAL CORP-GA</b> <b>P.O. BOX 933027</b> <b>ATLANTA, GA 31193</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$325,379.93</b>
-------	---	--	---------------------

---

3.390	<b>Nonpriority creditor's name and mailing address</b> <b>MCKESSON MEDICAL SURGICAL</b> <b>PO BOX 634404</b> <b>CINCINNATI, OH 45263-4404</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51,146.66</b>
-------	--	--	--------------------

---

3.391	<b>Nonpriority creditor's name and mailing address</b> <b>McKesson Medical Surgical Inc</b> <b>PO Box 634404</b> <b>Cincinnati, OH 45263</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,740.21</b>
-------	---	--	--------------------

---

3.392	<b>Nonpriority creditor's name and mailing address</b> <b>MED WASTE MANAGEMENT LLC</b> <b>5850 W. 3RD STREET</b> <b>STE 331</b> <b>LOS ANGELES, CA 90036</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$826.97</b>
-------	--	--	-----------------

Debtor <b>IntegraMed America, Inc.</b> Name		Case number (if known) <b>20-11170 (LSS)</b>	
3.393	<b>Nonpriority creditor's name and mailing address</b> <b>MED-ELECTRONICS, INC.</b> <b>6608 VIRGINIA MANOR ROAD</b> <b>BELTSVILLE, MD 20705</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Vendor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,072.18</b>
3.394	<b>Nonpriority creditor's name and mailing address</b> <b>MEDCLEAN-CLINIC</b> <b>4601 W. ADDISON ST</b> <b>SUITE 700</b> <b>CHICAGO, IL 60641</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Vendor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,749.23</b>
3.395	<b>Nonpriority creditor's name and mailing address</b> <b>MEDELY INC</b> <b>1315 3RD STREET PROMENADE</b> <b>SUITE 500</b> <b>SANTA MONICA, CA 90401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Vendor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$296.73</b>
3.396	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL ANESTHESIA CONSULTANTS</b> <b>MEDICAL G</b> <b>PO BOX 749088</b> <b>LOS ANGELES, CA 90074-9088</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Vendor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,200.00</b>
3.397	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL ARTS SUPPORT CORPORATION</b> <b>25A DUBON CT</b> <b>SUITE 205</b> <b>FARMINGDALE, NY 11735</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Vendor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,381.36</b>
3.398	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL COLLEGE OF WISCONSIN</b> <b>PO BOX 13308</b> <b>MILWAUKEE, WI 53213</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Vendor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,178.40</b>
3.399	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL GAS SOLUTIONS</b> <b>20 McDonald Blvd</b> <b>Suite 2</b> <b>ASTON, PA 19014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Vendor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$900.00</b>



Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.400	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL OXYGEN SERVICES</b> <b>P.O. BOX 88666</b> <b>CHICAGO, IL 60680</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,400.49</b>
3.401	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL PURCHASING SOLUTIONS, LLC</b> <b>15021 N. 74TH ST., STE. #300</b> <b>SCOTTSDALE, AZ 85260</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,345.09</b>
3.402	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL STAFFING NETWORK</b> <b>HEALTHCARE</b> <b>PO BOX 840292</b> <b>DALLAS, TX 75284-0292</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,495.00</b>
3.403	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL SYSTEMS GROUP INC</b> <b>4001 EVANGELINE TERRACE</b> <b>OLNEY, MD 20832</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,731.97</b>
3.404	<b>Nonpriority creditor's name and mailing address</b> <b>MEDIX STAFFING SOLUTIONS</b> <b>7839 SOLUTION CENTER</b> <b>CHICAGO, IL 60677-7008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,375.26</b>
3.405	<b>Nonpriority creditor's name and mailing address</b> <b>MEDIX STAFFING SOLUTIONS</b> <b>7839 SOLUTION CENTER</b> <b>CHICAGO, IL 60677-7008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,707.16</b>
3.406	<b>Nonpriority creditor's name and mailing address</b> <b>MEDLINE INDUSTRIES INC</b> <b>DEPT CH 14400</b> <b>PALATINE, IL 60055-4400</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45.66</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.407	<b>Nonpriority creditor's name and mailing address</b> <b>Meike Uhler, MD</b> <b>6417 Bobby Jones Lane</b> <b>Woodridge, IL 60517</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.408	<b>Nonpriority creditor's name and mailing address</b> <b>MERCEDES TRANSCRIPTION, INC.</b> <b>4007-F NORBECK ROAD</b> <b>ROCKVILLE, MD 20853</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,941.19</b>
3.409	<b>Nonpriority creditor's name and mailing address</b> <b>MERCEDES- BENZ CREDIT</b> <b>PO BOX 5209</b> <b>CAROL STREAM, IL 60197</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,050.37</b>
3.410	<b>Nonpriority creditor's name and mailing address</b> <b>METTLER-TOLEDO RAININ, LLC</b> <b>27006 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1270</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.42</b>
3.411	<b>Nonpriority creditor's name and mailing address</b> <b>MG HOSTING SERVICES LLC</b> <b>3100 CARR 199</b> <b>SUITE 402</b> <b>SAN JUAN, PR 00926</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,916.00</b>
3.412	<b>Nonpriority creditor's name and mailing address</b> <b>MICHELLE MACFARLANE</b> <b>2336 E 2190 S.</b> <b>SAINT GEORGE, UT 84790</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11.25</b>
3.413	<b>Nonpriority creditor's name and mailing address</b> <b>MIDDLEBROOK LAND LLP DBS EZ</b> <b>STORAGE</b> <b>12211 MIDDLEBROOK ROAD</b> <b>Germantown, MD 28074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$461.00</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.414	<b>Nonpriority creditor's name and mailing address</b> <b>MILLENIUM SERVICES &amp; SUPPLIES</b> <b>102 NORTH EAST 2ND STREET</b> <b>STE 343</b> <b>BOCA RATON, FL 33432</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,652.39</b>
-------	---	--	-------------------

---

3.415	<b>Nonpriority creditor's name and mailing address</b> <b>MILLIPORE CORP</b> <b>25760 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,981.88</b>
-------	---	--	-------------------

---

3.416	<b>Nonpriority creditor's name and mailing address</b> <b>MINTZ, LEVIN, COHN, FERRIS, GLOVSKY, AND PO</b> <b>PO BOX 4539</b> <b>BOSTON, MA 02212-4539</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151,770.20</b>
-------	--	--	---------------------

---

3.417	<b>Nonpriority creditor's name and mailing address</b> <b>MK ASSET MANAGEMENT, LLC</b> <b>ONE RIDESHIRE LANE</b> <b>LINCOLNSHIRE, IL 60069</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$900.00</b>
-------	---	--	-----------------

---

3.418	<b>Nonpriority creditor's name and mailing address</b> <b>MOBILE INFIRMARY MEDICAL CENTER</b> <b>PO BOX 2144</b> <b>MOBILE, AL 36652</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,339.13</b>
-------	---	--	-------------------

---

3.419	<b>Nonpriority creditor's name and mailing address</b> <b>MONARCH MEDICAL SUPPLIES</b> <b>5425 HEDGEWICK WAY</b> <b>CUMMING, GA 30040</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$129.00</b>
-------	--	--	-----------------

---

3.420	<b>Nonpriority creditor's name and mailing address</b> <b>MOOD MEDIA NORTH AMERICA HOLDINGS CORP</b> <b>PO BOX 71070</b> <b>CHARLOTTE, NC 28272-1010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.88</b>
-------	---	--	----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.421	<b>Nonpriority creditor's name and mailing address</b> <b>MOUNT PLEASANT WATERWORKS</b> <b>PO BOX 602832</b> <b>CHARLOTTE, NC 28260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$294.91</b>
-------	--	--	-----------------

---

3.422	<b>Nonpriority creditor's name and mailing address</b> <b>MOYER &amp; SEN INC</b> <b>DBA MOYER INDOOR/OUTDOOR</b> <b>PO BOX 64198</b> <b>SOUDERTON, PA 18964-0198</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$196.75</b>
-------	---	--	-----------------

---

3.423	<b>Nonpriority creditor's name and mailing address</b> <b>MSRH, LLC</b> <b>2600 W. HIGGINS RD.</b> <b>SUITE 101</b> <b>HOFFMAN ESTATES, IL 60169</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,752.04</b>
-------	--	--	-------------------

---

3.424	<b>Nonpriority creditor's name and mailing address</b> <b>Myles Greenberg</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Indemnification agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
-------	--	---	----------------

---

3.425	<b>Nonpriority creditor's name and mailing address</b> <b>NEIMAN GROUP</b> <b>2930 WESTWOOD BLVD # 100</b> <b>LOS ANGELES, CA 90064</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,509.80</b>
-------	--	--	-------------------

---

3.426	<b>Nonpriority creditor's name and mailing address</b> <b>NESTLE WATERS NORTH AMERICA</b> <b>DBA READYREFRESH</b> <b>PO BOX 856680</b> <b>LOUISVILLE, KY 40285-6680</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45.96</b>
-------	---	--	----------------

---

3.427	<b>Nonpriority creditor's name and mailing address</b> <b>Nevada Linen Supply</b> <b>3960 W. Mesa Vista Avenue</b> <b>Las Vegas, NV 89118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$898.08</b>
-------	--	--	-----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.428	<b>Nonpriority creditor's name and mailing address</b> <b>NEW RELIC, INC.</b> <b>PO BOX 101812</b> <b>PASADENA, CA 91189</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,920.05</b>
-------	---	--	-------------------

---

3.429	<b>Nonpriority creditor's name and mailing address</b> <b>NEXAIR LLC</b> <b>PO BOX 125</b> <b>MEMPHIS</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,358.77</b>
-------	--	--	-------------------

---

3.430	<b>Nonpriority creditor's name and mailing address</b> <b>NEXAIR, LLC</b> <b>PO BOX 125</b> <b>MEMPHIS, TN 38101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,197.42</b>
-------	---	--	-------------------

---

3.431	<b>Nonpriority creditor's name and mailing address</b> <b>NexGen Healthcare, Inc.</b> <b>PO Box 809390</b> <b>Chicago, IL 60680</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$88,404.54</b>
-------	--	--	--------------------

---

3.432	<b>Nonpriority creditor's name and mailing address</b> <b>NEXTGEN LIFELABS LLC</b> <b>384 NINA WAY</b> <b>WARMINSTER, PA 18974</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$139,868.88</b>
-------	---	--	---------------------

---

3.433	<b>Nonpriority creditor's name and mailing address</b> <b>NIXON POWER SERVICES LLC</b> <b>PO BOX 934345</b> <b>ATLANTA, GA 31193-4345</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$282.57</b>
-------	--	--	-----------------

---

3.434	<b>Nonpriority creditor's name and mailing address</b> <b>NIXON UNIFORM SVC. &amp; MEDICAL WEAR</b> <b>CORPORATE HEADQUARTERS</b> <b>500 CENTERPOINT BLVD.</b> <b>NEW CASTLE, DE 19720</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,682.52</b>
-------	--	--	--------------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.435	<b>Nonpriority creditor's name and mailing address</b> <b>NORCO, INC</b> <b>PO BOX 413124</b> <b>SALT LAKE CITY, UT 84141-3124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,449.78</b>
-------	---	--	-------------------

---

3.436	<b>Nonpriority creditor's name and mailing address</b> <b>NOREAST CAPITAL CORPORATION</b> <b>PO BOX 4128</b> <b>ANNAPOLIS, MD 21403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$364.64</b>
-------	--	--	-----------------

---

3.437	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHSIDE HOSPITAL INC</b> <b>ATLANTA NS PROPERTY MANAGEMENT</b> <b>PO BOX 932409</b> <b>ATLANTA, GA 30342-1611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,988.20</b>
-------	---	--	-------------------

---

3.438	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHWEST BIOMEDICAL ASSOCIATES</b> <b>400 112TH AVE NE</b> <b>STE 300</b> <b>BELLEVUE, WA 98004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$472.72</b>
-------	--	--	-----------------

---

3.439	<b>Nonpriority creditor's name and mailing address</b> <b>OAKS LIMITED PARTNERSHIP</b> <b>PO BOX 76104</b> <b>BALTIMORE, MD 21275-6104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,673.31</b>
-------	---	--	--------------------

---

3.440	<b>Nonpriority creditor's name and mailing address</b> <b>OB HOSPITALS, INC</b> <b>PO BOX 29781</b> <b>RICHMOND, VA 23242</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
-------	--	--	-------------------

---

3.441	<b>Nonpriority creditor's name and mailing address</b> <b>OCC Purchase LLC</b> <b>PO Box 30296</b> <b>New York, NY 10087</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75,154.90</b>
-------	---	--	--------------------

---

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.442	<b>Nonpriority creditor's name and mailing address</b> <b>Ocean Drug, Inc. [d/b/a Encino Pharmacy]</b> <b>17071 Ventura Blvd.</b> <b>Ste. 100</b> <b>Encino, CA 91316</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,584.72</b>
3.443	<b>Nonpriority creditor's name and mailing address</b> <b>Office Basics, Inc.</b> <b>PO Box 2230</b> <b>Marcus Hook, PA 19061</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$993.26</b>
3.444	<b>Nonpriority creditor's name and mailing address</b> <b>Office Depot</b> <b>PO Box 633204</b> <b>Cincinnati, OH 45263-3204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,866.10</b>
3.445	<b>Nonpriority creditor's name and mailing address</b> <b>Office Depot</b> <b>PO Box 29248</b> <b>Phoenix, AZ 85038-9248</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$126.82</b>
3.446	<b>Nonpriority creditor's name and mailing address</b> <b>Oliver Sprinkler Co, Inc.</b> <b>501 Feneley Drive</b> <b>King of Prussia, PA 19406</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,500.00</b>
3.447	<b>Nonpriority creditor's name and mailing address</b> <b>On Hold Concepts</b> <b>5521 100th St. SW</b> <b>Lakewood, WA 98499</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24.95</b>
3.448	<b>Nonpriority creditor's name and mailing address</b> <b>OnTarget Group, Inc.</b> <b>PO Box 602841</b> <b>Charlotte, NC 28260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,500.00</b>

Debtor **IntegraMed America, Inc.**  
NameCase number (if known) **20-11170 (LSS)**

3.449	Nonpriority creditor's name and mailing address <b>Origio</b> <b>PO BOx 712280</b> <b>Cincinnati, OH 45271</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$402,015.60</b>
3.450	Nonpriority creditor's name and mailing address <b>OXARC</b> <b>PO Box 2605</b> <b>WA 99200</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$144.25</b>
3.451	Nonpriority creditor's name and mailing address <b>Pacific West Security Inc.</b> <b>1587 Schallenberger Road</b> <b>San Jose, CA 95131</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$357.00</b>
3.452	Nonpriority creditor's name and mailing address <b>Palmetto Green Landscape and Design LLC</b> <b>PO Box 568</b> <b>Isle of Palms, SC 29451</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$827.50</b>
3.453	Nonpriority creditor's name and mailing address <b>Pandora Media Inc.</b> <b>201 Network Place</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,515.16</b>
3.454	Nonpriority creditor's name and mailing address <b>Paoli Company</b> <b>1564 E. Lancaster Ave</b> <b>Paoli, PA 19301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$95.94</b>
3.455	Nonpriority creditor's name and mailing address <b>Park Center Properties, LLC</b> <b>2630 E. Plateau Drive</b> <b>Boise, ID 83712</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,301.69</b>



Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.456	<b>Nonpriority creditor's name and mailing address</b> <b>Parking Management, Inc.</b> <b>1725 DeSales St. NW</b> <b># 300</b> <b>Washington, DC 20036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,200.00</b>
3.457	<b>Nonpriority creditor's name and mailing address</b> <b>PAS</b> <b>1229 Madison</b> <b>Ste 1440</b> <b>Seattle, WA 98104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$69,010.00</b>
3.458	<b>Nonpriority creditor's name and mailing address</b> <b>Patriot Consulting, Inc.</b> <b>Dept. #390</b> <b>PO Box 1000</b> <b>Memphis, TN 38148-0390</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49,256.00</b>
3.459	<b>Nonpriority creditor's name and mailing address</b> <b>Patty Stull</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,603.50</b>
3.460	<b>Nonpriority creditor's name and mailing address</b> <b>Pavilion Park, Inc.</b> <b>PO Box 45752</b> <b>Baltimore, MD 21297-5752</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,349.68</b>
3.461	<b>Nonpriority creditor's name and mailing address</b> <b>PC Connection</b> <b>PO Box 536472</b> <b>Pittsburgh, PA 15253</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,535.37</b>
3.462	<b>Nonpriority creditor's name and mailing address</b> <b>PCVS</b> <b>120 West Saginaw St. East</b> <b>East Lansing, MI 48823</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$573.50</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.463	<b>Nonpriority creditor's name and mailing address</b> <b>Peninsula Security Systems Inc.</b> <b>590 West 9th Street</b> <b>San Pedro, CA 90731</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.00</b>
3.464	<b>Nonpriority creditor's name and mailing address</b> <b>PepCo</b> <b>PO Box 13608</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$259.47</b>
3.465	<b>Nonpriority creditor's name and mailing address</b> <b>Perrfect Serve Inc.</b> <b>PO Box 841200</b> <b>Dallas, TX 75284-1200</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$421.83</b>
3.466	<b>Nonpriority creditor's name and mailing address</b> <b>Perryville Avenue Associates</b> <b>171 Route 173</b> <b>Suite 201</b> <b>Asbury, NJ 08802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,405.40</b>
3.467	<b>Nonpriority creditor's name and mailing address</b> <b>PHC Medical Sales, Inc.</b> <b>1919 Maybank Highway</b> <b>Charleston, SC 29412</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,944.34</b>
3.468	<b>Nonpriority creditor's name and mailing address</b> <b>Philips Healthcare</b> <b>PO Box 100355</b> <b>Atlanta, GA 30384</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,501.16</b>
3.469	<b>Nonpriority creditor's name and mailing address</b> <b>Physicianswear</b> <b>2551 Forest Drive</b> <b>Columbia, SC 29204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$484.98</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.470	<b>Nonpriority creditor's name and mailing address</b> <b>Pioneer Building Services, Inc.</b> <b>12435 Park Potomac Ave</b> <b>STE 200</b> <b>Potomac, MD 20854</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,457.50</b>
3.471	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes</b> <b>PO Box 371874</b> <b>Pittsburgh, PA 15250-7874</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,500.00</b>
3.472	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes Global Financial Services</b> <b>PO Box 371887</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,471.18</b>
3.473	<b>Nonpriority creditor's name and mailing address</b> <b>Planit Advertising Inc.</b> <b>1414 Key Highway</b> <b>Suite 100</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,000.00</b>
3.474	<b>Nonpriority creditor's name and mailing address</b> <b>Plaza Members III, LLC</b> <b>7800 Forsyth Blvd</b> <b>Suite 800</b> <b>Saint Louis, MO 63105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,767.68</b>
3.475	<b>Nonpriority creditor's name and mailing address</b> <b>Plumtree Orthopaedic Associates, LLC</b> <b>8322 Bellona Ave.</b> <b>Suite 100</b> <b>Towson, MD 21204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,305.15</b>
3.476	<b>Nonpriority creditor's name and mailing address</b> <b>Porsche Payment Center</b> <b>75 Remittance Drive</b> <b>Suite 1738</b> <b>Chicago, IL 60675</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,059.21</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.477	<b>Nonpriority creditor's name and mailing address</b> <b>Post Register</b> <b>PO Box 1800</b> <b>Idaho Falls, ID 83403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$878.00</b>
-------	--	--	-----------------

---

3.478	<b>Nonpriority creditor's name and mailing address</b> <b>Premier Maintenance, Inc.</b> <b>855 Main Street</b> <b>9th Floor</b> <b>Bridgeport, CT 06604</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$808.26</b>
-------	---	--	-----------------

---

3.479	<b>Nonpriority creditor's name and mailing address</b> <b>Prim Bac Colonnade LLC</b> <b>Colliers International AEW Rent Deposits</b> <b>717 North Harwood St.</b> <b>Suite 300</b> <b>Dallas, TX 75201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,517.60</b>
-------	---	--	--------------------

---

3.480	<b>Nonpriority creditor's name and mailing address</b> <b>Prime Group Storage</b> <b>551 Pepper Street</b> <b>Monroe, CT 06468</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$248.86</b>
-------	---	--	-----------------

---

3.481	<b>Nonpriority creditor's name and mailing address</b> <b>Priority Dispatch Service Inc.</b> <b>PO Box 1512</b> <b>Stephens City, VA 22655</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$676.35</b>
-------	---	--	-----------------

---

3.482	<b>Nonpriority creditor's name and mailing address</b> <b>Priority Express Courier, Inc.</b> <b>5 Chelsea Parkway</b> <b>Marcus Hook, PA 19061</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$950.29</b>
-------	---	--	-----------------

---

3.483	<b>Nonpriority creditor's name and mailing address</b> <b>ProForma</b> <b>P.O. Box 640814</b> <b>Cincinnati, OH 45264</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,123.56</b>
-------	--	--	-------------------

---

Debtor	<b>IntegraMed America, Inc.</b> Name	Case number (if known)	<b>20-11170 (LSS)</b>
--------	---	------------------------	-----------------------

---

3.484	<b>Nonpriority creditor's name and mailing address</b> <b>ProShred Security</b> <b>803 Pressley Road</b> <b>Charlotte, NC 28217</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.36</b>
-------	--	--	----------------

---

3.485	<b>Nonpriority creditor's name and mailing address</b> <b>ProShred Security</b> <b>25 Industrial Blvd.</b> <b>Paoli, PA 19301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$121.00</b>
-------	--	--	-----------------

---

3.486	<b>Nonpriority creditor's name and mailing address</b> <b>Protection 1/ADT</b> <b>PO Box 219044</b> <b>Kansas City, MO 64121-9044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$187.06</b>
-------	--	--	-----------------

---

3.487	<b>Nonpriority creditor's name and mailing address</b> <b>Provider Trust, Inc.</b> <b>PO Box 306121</b> <b>Nashville, TN 37203-6121</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,871.72</b>
-------	--	--	-------------------

---

3.488	<b>Nonpriority creditor's name and mailing address</b> <b>Public Storage 08161</b> <b>12425 NE 124th Street</b> <b>Kirkland, WA 98034</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28.00</b>
-------	--	--	----------------

---

3.489	<b>Nonpriority creditor's name and mailing address</b> <b>Pulitz Records MGT LV</b> <b>3833 Octagon Road</b> <b>North Las Vegas, NV 89030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$273.40</b>
-------	--	--	-----------------

---

3.490	<b>Nonpriority creditor's name and mailing address</b> <b>Quadient Inc.</b> <b>PO Box 123689</b> <b>Dept 3689</b> <b>Dallas, TX 75312-3689</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$255.50</b>
-------	--	--	-----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.491	<b>Nonpriority creditor's name and mailing address</b> <b>Quadient Leasing USA, Inc.</b> <b>PO Box 123682</b> <b>Dept 3682</b> <b>Dallas, TX 75312-3682</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$728.31</b>
3.492	<b>Nonpriority creditor's name and mailing address</b> <b>Quench USA Inc.</b> <b>PO Box 781393</b> <b>Philadelphia, PA 19178-1393</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$253.47</b>
3.493	<b>Nonpriority creditor's name and mailing address</b> <b>Quick Connections Answering Service Inc</b> <b>7713 Belle Point Drive</b> <b>Greenbelt, MD 20770</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,957.61</b>
3.494	<b>Nonpriority creditor's name and mailing address</b> <b>Quick International Courier</b> <b>PO Box 35417</b> <b>Newark, NJ 07193-5417</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$282.30</b>
3.495	<b>Nonpriority creditor's name and mailing address</b> <b>Quill Corp</b> <b>PO Box 37600</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$109.82</b>
3.496	<b>Nonpriority creditor's name and mailing address</b> <b>R&amp;S Communications</b> <b>2448 S. Pinehurst Place</b> <b>Ontario, CA 91761</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,995.65</b>
3.497	<b>Nonpriority creditor's name and mailing address</b> <b>Rackspace US Inc.</b> <b>PO Box 730759</b> <b>Dallas, TX 75373-0759</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,247.39</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.498	<b>Nonpriority creditor's name and mailing address</b> <b>RadioMD LLC</b> <b>1600 Golf Road</b> <b>Suite 1200</b> <b>Rolling Meadows, IL 60008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,800.00</b>
-------	--	--	-------------------

---

3.499	<b>Nonpriority creditor's name and mailing address</b> <b>Rarx LLC</b> <b>1911 Church Street Suite 202</b> <b>Nashville, TN 37203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,312.50</b>
-------	--	--	--------------------

---

3.500	<b>Nonpriority creditor's name and mailing address</b> <b>RCN</b> <b>PO Box 11816</b> <b>Newark, NJ 07101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$998.64</b>
-------	--	--	-----------------

---

3.501	<b>Nonpriority creditor's name and mailing address</b> <b>Ready Refresh by Nestle</b> <b>PO Box 856192</b> <b>Louisville, KY 40285-6192</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$135.44</b>
-------	--	--	-----------------

---

3.502	<b>Nonpriority creditor's name and mailing address</b> <b>Recordsforce</b> <b>124 Heritage Ave</b> <b>Suite 202</b> <b>Portsmouth, NH 03801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$945.00</b>
-------	---	--	-----------------

---

3.503	<b>Nonpriority creditor's name and mailing address</b> <b>Red Lion MedGas Consultants Inc.</b>  <b>123-A Sandy Drive</b> <b>Newark, DE 19713</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
-------	--	--	-----------------

---

3.504	<b>Nonpriority creditor's name and mailing address</b> <b>Redwood Productions, Inc.</b> <b>1784 Heritage Center Drive</b> <b>Suite 202</b> <b>Wake Forest, NC 27587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,765.00</b>
-------	---	--	-------------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.505	<b>Nonpriority creditor's name and mailing address</b> <b>Reproductive Medicine Group</b> <b>5425 East Fletcher Ave</b> <b>Ste 1</b> <b>Tampa, FL 33617</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$82,319.25</b>
3.506	<b>Nonpriority creditor's name and mailing address</b> <b>Reproductive Medicine of NJ</b> <b>Attn: Lena Mignone/Finance Dept</b> <b>140Allen Road</b> <b>Basking Ridge, NJ 07920</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,240.00</b>
3.507	<b>Nonpriority creditor's name and mailing address</b> <b>Reprosource Fertility Diagnostics Inc.</b> <b>200 Forest Street</b> <b>2nd Floor, Suite B</b> <b>Marlborough, MA 01752</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,781.00</b>
3.508	<b>Nonpriority creditor's name and mailing address</b> <b>ReproTech</b> <b>14820 Kivett Ln</b> <b>Reno, NV 89521</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$413.00</b>
3.509	<b>Nonpriority creditor's name and mailing address</b> <b>Resolve the National Infertility Assoc</b> <b>7918 Jones Branch Drive</b> <b>Suite 300</b> <b>Mc Lean, VA 22102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,000.00</b>
3.510	<b>Nonpriority creditor's name and mailing address</b> <b>Response Tap Inc.</b> <b>Dept LA 24462</b> <b>Pasadena, CA 91185-4462</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$334.02</b>
3.511	<b>Nonpriority creditor's name and mailing address</b> <b>Rialya Tech LLC</b> <b>1437 Payne Road</b> <b>Schaumburg, IL 60173</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,556.20</b>



Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.512	<b>Nonpriority creditor's name and mailing address</b> <b>Richard Wolf Medical</b> <b>2573 Momentum Place</b> <b>Chicago, IL 60689</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,320.74</b>
3.513	<b>Nonpriority creditor's name and mailing address</b> <b>Richmond Express Inc.</b> <b>PO Box 663</b> <b>Richmond, VA 23218</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$221.25</b>
3.514	<b>Nonpriority creditor's name and mailing address</b> <b>RingCentral Inc.</b> <b>Dept Ch 19585</b> <b>Palatine, IL 60055-9585</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$84,666.27</b>
3.515	<b>Nonpriority creditor's name and mailing address</b> <b>RingCentral, Inc.</b> <b>20 Davis Drive</b> <b>Belmont, CA 94002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,918.17</b>
3.516	<b>Nonpriority creditor's name and mailing address</b> <b>RMS Associates Inc</b> <b>1850 Lake Park Dr. SE</b> <b>Suite 200</b> <b>Smyrna, GA 30080</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,115.54</b>
3.517	<b>Nonpriority creditor's name and mailing address</b> <b>Roberts Oxygen Company</b> <b>PO Box 5507</b> <b>Derwood, MD 20855</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,391.55</b>
3.518	<b>Nonpriority creditor's name and mailing address</b> <b>Roche Diagnostics Corp</b> <b>Mail Code 5021</b> <b>PO Box 60367</b> <b>Dallas, TX 75266-0367</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,972.55</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.519	<b>Nonpriority creditor's name and mailing address</b> <b>Roche Diagnostics Corporation</b> <b>Mail Code 5508</b> <b>P.O. Box 71209</b> <b>Charlotte, NC 28272-1209</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$54,648.60</b>
-------	---	--	--------------------

---

3.520	<b>Nonpriority creditor's name and mailing address</b> <b>Rocket Medical</b> <b>50 Corporate Park Dr.</b> <b>Unit 890</b> <b>Pembroke, MA 02359</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$320.00</b>
-------	---	--	-----------------

---

3.521	<b>Nonpriority creditor's name and mailing address</b> <b>Rocket Medical, LLC</b> <b>50 Corporate Park Drive</b> <b>Unit 890</b> <b>Pembroke, MA 02359</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,638.38</b>
-------	--	--	--------------------

---

3.522	<b>Nonpriority creditor's name and mailing address</b> <b>ROIC California, LLC</b> <b>MS 631099</b> <b>PO Box 3953</b> <b>Seattle, WA 98124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,736.39</b>
-------	---	--	--------------------

---

3.523	<b>Nonpriority creditor's name and mailing address</b> <b>RUSSELL FOULK</b> <b>6800 EVANS CREEK</b> <b>RENO, NV 89509</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$833.33</b>
-------	--	--	-----------------

---

3.524	<b>Nonpriority creditor's name and mailing address</b> <b>Salt Creek Campus LLC</b> <b>C/O MedProperties Group</b> <b>71 S. Wacker Drive</b> <b>Suite 3725</b> <b>Chicago, IL 60606</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,561.35</b>
-------	--	--	--------------------

---

3.525	<b>Nonpriority creditor's name and mailing address</b> <b>Samsung Financial Solutions</b> <b>PO Box 911608</b> <b>Denver, CO 80291-1608</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,735.24</b>
-------	--	--	-------------------

---

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.526	<b>Nonpriority creditor's name and mailing address</b> <b>Sara Downs</b> <b>82 S. 980 E.</b> <b>American Fork, UT 84003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$68.35</b>
-------	--	--	----------------

---

3.527	<b>Nonpriority creditor's name and mailing address</b> <b>SC JUA</b> <b>Lock Box 932523</b> <b>Atlanta, GA 31193-2523</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,577.00</b>
-------	--	--	--------------------

---

3.528	<b>Nonpriority creditor's name and mailing address</b> <b>Schuyler House</b> <b>27821 Freemont Court</b> <b>Suite 8</b> <b>Valencia, CA 91355</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$123.00</b>
-------	---	--	-----------------

---

3.529	<b>Nonpriority creditor's name and mailing address</b> <b>Scripps/XiMed Medical Center</b> <b>9850 Genesee Avenue</b> <b>Suite 900</b> <b>La Jolla, CA 92037</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49,358.84</b>
-------	--	--	--------------------

---

3.530	<b>Nonpriority creditor's name and mailing address</b> <b>Search America, Inc.</b> <b>PO Box 886133</b> <b>Los Angeles, CA 90088</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$253.75</b>
-------	---	--	-----------------

---

3.531	<b>Nonpriority creditor's name and mailing address</b> <b>Secure On-Site Shredding</b> <b>PO Box 357</b> <b>Dunedin, FL 34697</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$138.00</b>
-------	--	--	-----------------

---

3.532	<b>Nonpriority creditor's name and mailing address</b> <b>Security Press</b> <b>2525 W. Commodore Way</b> <b>Seattle, WA 98199</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$411.99</b>
-------	---	--	-----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.533	<b>Nonpriority creditor's name and mailing address</b> <b>Sentry Surgical Supply Inc.</b> <b>117 Boro Lone Road</b> <b>King of Prussia, PA 19406</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$122.17</b>
-------	---	--	-----------------

---

3.534	<b>Nonpriority creditor's name and mailing address</b> <b>Shady Grove Chesterbrook Lender L.P.</b> <b>9600 Blackwell Road</b> <b>Suite 500</b> <b>Rockville, MD 20850</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,244.00</b>
-------	---	--	--------------------

---

3.535	<b>Nonpriority creditor's name and mailing address</b> <b>Shamrock Scientific</b> <b>Specialty Systems Incc.</b> <b>34 Davis Drive</b> <b>PO Box 143</b> <b>Bellwood, IL 60104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor1.38</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$61.38</b>
-------	---	--	----------------

---

3.536	<b>Nonpriority creditor's name and mailing address</b> <b>Sharon Covington, LCSW-C</b> <b>12912 Three Sisters Road</b> <b>Potomac, MD 20854</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,905.00</b>
-------	--	--	-------------------

---

3.537	<b>Nonpriority creditor's name and mailing address</b> <b>Sharps Compliance Inc.</b> <b>PO Box 679502</b> <b>Dallas, TX 75367-9502</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$73.68</b>
-------	---	--	----------------

---

3.538	<b>Nonpriority creditor's name and mailing address</b> <b>Sheathing Technologies, Inc.</b> <b>675 Jarvis Drive</b> <b>Morgan Hill, CA 95037</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$620.67</b>
-------	--	--	-----------------

---

3.539	<b>Nonpriority creditor's name and mailing address</b> <b>Shi International Corp</b> <b>PO Box 952121</b> <b>Dallas, TX 75395-2121</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$846.94</b>
-------	---	--	-----------------

---

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.540	<b>Nonpriority creditor's name and mailing address</b> <b>Shred It US JV LLC</b> <b>CDD LLC</b> <b>28883 Network Place</b> <b>Chicago, IL 60673-1282</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,824.85</b>
3.541	<b>Nonpriority creditor's name and mailing address</b> <b>Siemens Healthcare Diagnostics</b> <b>PO Box 121102</b> <b>Dallas, TX 75312</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$58,844.82</b>
3.542	<b>Nonpriority creditor's name and mailing address</b> <b>Siemens Medical Solutions, USA Inc.</b> <b>PO Box 120001</b> <b>Dept 0733</b> <b>Dallas, TX 75312</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,922.28</b>
3.543	<b>Nonpriority creditor's name and mailing address</b> <b>Siemens Medical Solutions, USA Inc.</b> <b>Dept LA 21536</b> <b>Pasadena, CA 91185</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$920.58</b>
3.544	<b>Nonpriority creditor's name and mailing address</b> <b>Sigma-Aldrich</b> <b>PO Box 535182</b> <b>Atlanta, GA 30353-5182</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$754.03</b>
3.545	<b>Nonpriority creditor's name and mailing address</b> <b>Sigma-Aldrich, Inc.</b> <b>PO Box 535182</b> <b>Atlanta, GA 30353</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$750.06</b>
3.546	<b>Nonpriority creditor's name and mailing address</b> <b>Sign Language USA LLC</b> <b>PO Box 1246</b> <b>Mc Lean, VA 22101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$750.00</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.547	<b>Nonpriority creditor's name and mailing address</b> <b>Silent Pictures</b> <b>6738 N. Hiawatha</b> <b>Chicago, IL 60646</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,744.00</b>
3.548	<b>Nonpriority creditor's name and mailing address</b> <b>Sleep Safe Anesthesia Services LLC</b> <b>1205 N. Garfield St. #308</b> <b>Arlington, VA 22201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,800.00</b>
3.549	<b>Nonpriority creditor's name and mailing address</b> <b>Smart City-Telecom - 538412</b> <b>PO Box 733082</b> <b>Dallas, TX 75373-3082</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$512.77</b>
3.550	<b>Nonpriority creditor's name and mailing address</b> <b>SMB, LLC</b> <b>3745 Pacific Street</b> <b>Las Vegas, NV 89121</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$116,531.16</b>
3.551	<b>Nonpriority creditor's name and mailing address</b> <b>So-Flo Venture, LLC</b> <b>CL600100</b> <b>PO Box 24620</b> <b>West Palm Beach, FL 33416</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,795.62</b>
3.552	<b>Nonpriority creditor's name and mailing address</b> <b>Solarwinds, Inc.</b> <b>PO Box 730720</b> <b>Dallas, TX 75373</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,057.59</b>
3.553	<b>Nonpriority creditor's name and mailing address</b> <b>Sonitrol of Greater Richmond Inc.</b> <b>PO Box 5728</b> <b>Glen Allen, VA 23058</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,086.00</b>

Debtor	<b>IntegraMed America, Inc.</b> Name	Case number (if known)	<b>20-11170 (LSS)</b>
--------	---	------------------------	-----------------------

---

3.554	<b>Nonpriority creditor's name and mailing address</b> <b>Sonitrol Security Systems of Charleston</b> <b>4455 Tile Drive</b> <b>North Charleston, SC 29405</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$329.97</b>
-------	---	--	-----------------

---

3.555	<b>Nonpriority creditor's name and mailing address</b> <b>South Carolina Patients Compensation Fun</b> <b>SCPCF</b> <b>111 Executive Center Dr.</b> <b>Ste. 103</b> <b>Columbia, SC 29210</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,499.00</b>
-------	--	--	-------------------

---

3.556	<b>Nonpriority creditor's name and mailing address</b> <b>South Miami Pharmacy</b> <b>7425 SW 42 Street</b> <b>Miami, FL 33155</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
-------	---	--	-----------------

---

3.557	<b>Nonpriority creditor's name and mailing address</b> <b>Southeastern Press Inc.</b> <b>PO Box 6127</b> <b>Mobile, AL 36660</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,673.88</b>
-------	---	--	-------------------

---

3.558	<b>Nonpriority creditor's name and mailing address</b> <b>Southern Anesthesia &amp; Surgical Inc.</b> <b>One Southern Court</b> <b>West Columbia, SC 29169</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$467.63</b>
-------	---	--	-----------------

---

3.559	<b>Nonpriority creditor's name and mailing address</b> <b>Southern Elevator</b> <b>PO Box 538596</b> <b>Atlanta, GA 30353-8596</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$432.57</b>
-------	---	--	-----------------

---

3.560	<b>Nonpriority creditor's name and mailing address</b> <b>Sparkletts &amp; Sierra Spring</b> <b>PO Box 660579</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$280.40</b>
-------	--	--	-----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.561	<b>Nonpriority creditor's name and mailing address</b> <b>Spectrio, LLC</b> <b>PO Box 890271</b> <b>Charlotte, NC 28289</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$461.12</b>
3.562	<b>Nonpriority creditor's name and mailing address</b> <b>Spectrum Technologies</b> <b>1532 Chablis Road</b> <b>Suite 101</b> <b>Healdsburg, CA 95448</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,873.90</b>
3.563	<b>Nonpriority creditor's name and mailing address</b> <b>Spring Valley Medical Properties II, LLC</b> <b>4722 N. 24th Street</b> <b>Suite 400</b> <b>Phoenix, AZ 85016</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$41,942.37</b>
3.564	<b>Nonpriority creditor's name and mailing address</b> <b>Staples</b> <b>PO Box 660409</b> <b>Dallas, TX 75266-0409</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,224.29</b>
3.565	<b>Nonpriority creditor's name and mailing address</b> <b>Staples Advantage</b> <b>PO Box 105748</b> <b>Atlanta, GA 30348-5748</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$857.74</b>
3.566	<b>Nonpriority creditor's name and mailing address</b> <b>Star Imaging</b> <b>5333 Henneman Drive</b> <b>Norfolk, VA 23513</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$231.17</b>
3.567	<b>Nonpriority creditor's name and mailing address</b> <b>State of Maryland</b> <b>Dept of Budget and Management 1516</b> <b>Baltimore, MD 21203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$722.24</b>



Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.568	<b>Nonpriority creditor's name and mailing address</b> <b>Stephenson General Contractors</b> <b>PO Box 1187</b> <b>109 W. Market Street</b> <b>Smithfield, NC 27577</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$715.00</b>
-------	---	--	-----------------

---

3.569	<b>Nonpriority creditor's name and mailing address</b> <b>Stericycle Inc.</b> <b>PO Box 6575</b> <b>Carol Stream, IL 60197-6575</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$499.89</b>
-------	--	--	-----------------

---

3.570	<b>Nonpriority creditor's name and mailing address</b> <b>Stericycle, Inc.</b> <b>PO Box 6582</b> <b>Carol Stream, IL 60197</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,182.46</b>
-------	--	--	--------------------

---

3.571	<b>Nonpriority creditor's name and mailing address</b> <b>Stericycle, Inc.</b> <b>PO Box 6578</b> <b>Carol Stream, IL 60197</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,139.48</b>
-------	--	--	-------------------

---

3.572	<b>Nonpriority creditor's name and mailing address</b> <b>Sterling InfoSystems Inc.</b> <b>PO Box 35626</b> <b>Newark, NJ 07193-5626</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29.00</b>
-------	---	--	----------------

---

3.573	<b>Nonpriority creditor's name and mailing address</b> <b>Sterling Talent Solutions</b> <b>PO Box 35626</b> <b>Newark, NJ 07193-5626</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$343.35</b>
-------	---	--	-----------------

---

3.574	<b>Nonpriority creditor's name and mailing address</b> <b>STI Group LTD</b> <b>201 Rock Road</b> <b>Suite 2X</b> <b>Glen Rock, NJ 07452</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$955.24</b>
-------	---	--	-----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.575	<b>Nonpriority creditor's name and mailing address</b> <b>Stone Point Consulting, Inc.</b> <b>3078 E. Stone Point Drive</b> <b>Boise, ID 83712</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,827.50</b>
-------	---	--	-------------------

---

3.576	<b>Nonpriority creditor's name and mailing address</b> <b>Storquest-Torrance</b> <b>20428 Earl Street</b> <b>Torrance, CA 90503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,195.00</b>
-------	--	--	-------------------

---

3.577	<b>Nonpriority creditor's name and mailing address</b> <b>Straight Eight Properties, LLC</b> <b>PO Box 9604</b> <b>Pensacola, FL 32503-3407</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,926.55</b>
-------	--	--	-------------------

---

3.578	<b>Nonpriority creditor's name and mailing address</b> <b>Stryker Endoscopy</b> <b>c/o Stryker Sales Corp</b> <b>PO Box 93276</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,112.46</b>
-------	--	--	-------------------

---

3.579	<b>Nonpriority creditor's name and mailing address</b> <b>Summit Transcription Services Inc.</b> <b>PO Box 1431</b> <b>West Jordan, UT 84084</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107.67</b>
-------	---	--	-----------------

---

3.580	<b>Nonpriority creditor's name and mailing address</b> <b>Sundun, Inc. of Washington</b> <b>PO Box 39</b> <b>Beltsville, MD 20705</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$485.52</b>
-------	--	--	-----------------

---

3.581	<b>Nonpriority creditor's name and mailing address</b> <b>Sunset Linen</b> <b>3016 Dutton Ave</b> <b>Santa Rosa, CA 95407</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$729.96</b>
-------	--	--	-----------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.582	<b>Nonpriority creditor's name and mailing address</b> <b>Supero Healthcare Solutions, LLC</b> <b>PO Box 1937</b> <b>San Antonio, TX 78297-1937</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$975.00</b>
-------	--	--	-----------------

---

3.583	<b>Nonpriority creditor's name and mailing address</b> <b>Tarheel Linen Service</b> <b>PO Box 15028</b> <b>Durham, NC 27704</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$484.32</b>
-------	--	--	-----------------

---

3.584	<b>Nonpriority creditor's name and mailing address</b> <b>Taylor Sparks and Kyle Sparks</b> <b>136 Charlton Road</b> <b>Hubert, NC 28539</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,300.00</b>
-------	---	--	-------------------

---

3.585	<b>Nonpriority creditor's name and mailing address</b> <b>TD Media</b> <b>PO Box 231927</b> <b>Encinitas, CA 92023</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,709.70</b>
-------	---	--	-------------------

---

3.586	<b>Nonpriority creditor's name and mailing address</b> <b>Tel-Answer Inc.</b> <b>506 S. 5th Street</b> <b>Boise, ID 83702</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$112.25</b>
-------	--	--	-----------------

---

3.587	<b>Nonpriority creditor's name and mailing address</b> <b>Teladoc Inc.</b> <b>Dept 3417</b> <b>PO Box 123417</b> <b>Dallas, TX 75312-3417</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,775.50</b>
-------	---	--	-------------------

---

3.588	<b>Nonpriority creditor's name and mailing address</b> <b>Tempdev Inc.</b> <b>2550 Sand Hill Road</b> <b>#100</b> <b>Menlo Park, CA 94025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,575.00</b>
-------	---	--	-------------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.589	<b>Nonpriority creditor's name and mailing address</b> <b>Terminix</b> <b>Terminix Processing Center</b> <b>PO Box 742592</b> <b>Cincinnati, OH 45274</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$412.96</b>
-------	---	--	-----------------

---

3.590	<b>Nonpriority creditor's name and mailing address</b> <b>Tesla Finance LLC</b> <b>PO Box 4387</b> <b>Portland, OR 97208</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,648.77</b>
-------	---	--	-------------------

---

3.591	<b>Nonpriority creditor's name and mailing address</b> <b>The Certif-A-Gift Company Inc.</b> <b>PO Box 1998</b> <b>Arlington Heights, IL 60006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$637.66</b>
-------	---	--	-----------------

---

3.592	<b>Nonpriority creditor's name and mailing address</b> <b>The Offices at Twelve Mile</b> <b>4721 C Sunset Blvd</b> <b>Lexington, SC 29072</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,083.04</b>
-------	--	--	-------------------

---

3.593	<b>Nonpriority creditor's name and mailing address</b> <b>The Ultimate Software Group, Inc.</b> <b>PO Box 930953</b> <b>Atlanta, GA 31193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$103,850.37</b>
-------	--	--	---------------------

---

3.594	<b>Nonpriority creditor's name and mailing address</b> <b>Thermal Concepts Inc.</b> <b>2201 College Ave</b> <b>Fort Lauderdale, FL 33317</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$778.50</b>
-------	---	--	-----------------

---

3.595	<b>Nonpriority creditor's name and mailing address</b> <b>Thomas Medical Inc.</b> <b>PO Box 1627</b> <b>Indianapolis, IN 46278</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,582.43</b>
-------	---	--	-------------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.596	<b>Nonpriority creditor's name and mailing address</b> <b>TIAA Commercial Finance, Inc.</b> <b>PO Box 911608</b> <b>Denver, CO 80291-1608</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,092.14</b>
-------	--	--	--------------------

---

3.597	<b>Nonpriority creditor's name and mailing address</b> <b>Time Warner Cable</b> <b>PO Box 70872</b> <b>Charlotte, NC 28272-0872</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$243.83</b>
-------	--	--	-----------------

---

3.598	<b>Nonpriority creditor's name and mailing address</b> <b>Titus Medical LLC</b> <b>7000 Regent Parkway</b> <b>Suite 106</b> <b>Fort Mill, SC 29715</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$421.22</b>
-------	--	--	-----------------

---

3.599	<b>Nonpriority creditor's name and mailing address</b> <b>Tosoh BioScience Inc.</b> <b>PO Box 712415</b> <b>Cincinnati, OH 45271</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,362.34</b>
-------	---	--	-------------------

---

3.600	<b>Nonpriority creditor's name and mailing address</b> <b>Total Office Online, Inc.</b> <b>18 Technology Drive</b> <b>Ste. 113</b> <b>Irvine, CA 92618</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,803.24</b>
-------	--	--	-------------------

---

3.601	<b>Nonpriority creditor's name and mailing address</b> <b>Trane U.S. Inc.</b> <b>PO Box 98167</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,174.73</b>
-------	---	--	-------------------

---

3.602	<b>Nonpriority creditor's name and mailing address</b> <b>Trilogy Enterprises LLC</b> <b>c/o ACMI</b> <b>1110 Professional Court</b> <b>Suite 300</b> <b>Hagerstown, MD 21740</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,995.74</b>
-------	--	--	-------------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.603	<b>Nonpriority creditor's name and mailing address</b> <b>Trilogy Medwaste Southeast LLC</b> <b>PO Box 670650</b> <b>Dallas, TX 75267</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,525.00</b>
3.604	<b>Nonpriority creditor's name and mailing address</b> <b>Tyl Taylor</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51.67</b>
3.605	<b>Nonpriority creditor's name and mailing address</b> <b>U-Haul</b> <b>PO Box 52128</b> <b>Phoenix, AZ 85072</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$217.57</b>
3.606	<b>Nonpriority creditor's name and mailing address</b> <b>Uline</b> <b>Accts Receivable</b> <b>PO Box 88741</b> <b>Chicago, IL 60680-1741</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$264.24</b>
3.607	<b>Nonpriority creditor's name and mailing address</b> <b>Ulmen Anesthesia LLC</b> <b>1740 Turk Road</b> <b>Doylestown, PA 18901</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>
3.608	<b>Nonpriority creditor's name and mailing address</b> <b>Uniform Property Management LLC</b> <b>8403 Westglen Dr.</b> <b>Houston, TX 77063</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,242.33</b>
3.609	<b>Nonpriority creditor's name and mailing address</b> <b>United Imaging</b> <b>21201 Oxnard Street</b> <b>Woodland Hills, CA 91367</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$108.63</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.610	<b>Nonpriority creditor's name and mailing address</b> <b>Unitex Textile Rental</b> <b>155 S. Terrace Ave.</b> <b>Mount Vernon, NY 10550</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$249.98</b>
-------	---	--	-----------------

---

3.611	<b>Nonpriority creditor's name and mailing address</b> <b>Universal Building Services</b> <b>3120 Pierce Street</b> <b>Richmond, CA 94804</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$247.78</b>
-------	--	--	-----------------

---

3.612	<b>Nonpriority creditor's name and mailing address</b> <b>University Fertility Consultants</b> <b>PO Box 3590</b> <b>Portland, OR 97208</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,993.60</b>
-------	--	--	--------------------

---

3.613	<b>Nonpriority creditor's name and mailing address</b> <b>University Medical Service Asso.</b> <b>PO Box 917492</b> <b>Orlando, FL 32891</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,000.00</b>
-------	---	--	--------------------

---

3.614	<b>Nonpriority creditor's name and mailing address</b> <b>University Medical Service Association</b> <b>PO Box 917492</b> <b>Orlando, FL 32891-7492</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,000.00</b>
-------	--	--	--------------------

---

3.615	<b>Nonpriority creditor's name and mailing address</b> <b>University of South Florida</b> <b>USF Health Payment Center</b> <b>PO Box 864300</b> <b>Orlando, FL 32886-4300</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,416.67</b>
-------	---	--	--------------------

---

3.616	<b>Nonpriority creditor's name and mailing address</b> <b>UPMC Pinnacle</b> <b>PO Box 8700</b> <b>Harrisburg, PA 17105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,963.87</b>
-------	---	--	--------------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.617	<b>Nonpriority creditor's name and mailing address</b> <b>UPMC Pinnacle</b> <b>Corporate Real Estate</b> <b>PO Box 8700</b> <b>Harrisburg, PA 17105-8700</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,963.87</b>
3.618	<b>Nonpriority creditor's name and mailing address</b> <b>UPS</b> <b>PO Box 7247-9244</b> <b>Philadelphia, PA 19170</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$124.00</b>
3.619	<b>Nonpriority creditor's name and mailing address</b> <b>UPS</b> <b>PO Box 7247-0244</b> <b>Philadelphia, PA 19170-0001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendodr</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$124.00</b>
3.620	<b>Nonpriority creditor's name and mailing address</b> <b>US Bank</b> <b>PO Box 790448</b> <b>Saint Louis, MO 63179</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,122.58</b>
3.621	<b>Nonpriority creditor's name and mailing address</b> <b>US Bank</b> <b>PO Box 790448</b> <b>Saint Louis, MO 63179</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,690.37</b>
3.622	<b>Nonpriority creditor's name and mailing address</b> <b>US Bank 790408</b> <b>PO Box 790408</b> <b>Saint Louis, MO 63179-0408</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,690.37</b>
3.623	<b>Nonpriority creditor's name and mailing address</b> <b>US Bank 790448</b> <b>PO Box 790448</b> <b>Saint Louis, MO 63179</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,122.58</b>



Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.624	<b>Nonpriority creditor's name and mailing address</b> <b>US Linen &amp; Uniform</b> <b>1106 Harding St.</b> <b>Richland, WA 99352</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,379.53</b>
-------	---	--	-------------------

---

3.625	<b>Nonpriority creditor's name and mailing address</b> <b>US Messenger &amp; USM Logistics, Inc.</b> <b>7790 Quincy St.</b> <b>Willowbrook, IL 60527</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,121.38</b>
-------	---	--	--------------------

---

3.626	<b>Nonpriority creditor's name and mailing address</b> <b>US Messengerr &amp; USM Logistics, Inc.</b> <b>7790 Quincy Street</b> <b>Willowbrook, IL 60527</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,121.38</b>
-------	---	--	--------------------

---

3.627	<b>Nonpriority creditor's name and mailing address</b> <b>USA Scientific</b> <b>PO Box 30000</b> <b>Orlando, FL 32891</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40.26</b>
-------	--	--	----------------

---

3.628	<b>Nonpriority creditor's name and mailing address</b> <b>USA Scientific</b> <b>Accounts Receivable</b> <b>PO Box 30000</b> <b>Orlando, FL 32891</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40.26</b>
-------	--	--	----------------

---

3.629	<b>Nonpriority creditor's name and mailing address</b> <b>Vanguard Communications</b> <b>2400 Broadway</b> <b>Suite 3</b> <b>Denver, CO 80205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,752.99</b>
-------	---	--	-------------------

---

3.630	<b>Nonpriority creditor's name and mailing address</b> <b>Vanguard Communications</b> <b>2400 Broadway</b> <b>Suite 3</b> <b>Denver, CO 80205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,752.99</b>
-------	---	--	-------------------

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.631	<b>Nonpriority creditor's name and mailing address</b> <b>Vasco Rx Specialty Pharmacy</b> <b>4045 E. Bell Rd.</b> <b>Suite 163</b> <b>Phoenix, AZ 85032</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$903.00</b>
3.632	<b>Nonpriority creditor's name and mailing address</b> <b>Veolia Es Technical Solutions, LLC</b> <b>PO Box 102296</b> <b>Pasadena, CA 91189</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$637.81</b>
3.633	<b>Nonpriority creditor's name and mailing address</b> <b>Veolia ES Technical Solutions, LLC</b> <b>PO Box 102296</b> <b>Pasadena, CA 91189-2296</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$637.81</b>
3.634	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon</b> <b>PO Box 16801</b> <b>Newark, NJ 07101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$192.56</b>
3.635	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Business</b> <b>PO Box 15043</b> <b>Albany, NY 12212</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,386.56</b>
3.636	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>PO Box 25505</b> <b>Lehigh Valley, PA 18002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,051.73</b>
3.637	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>PO Box 660108</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,121.91</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

<b>3.638</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>PO Box 25505</b> <b>Lehigh Valley, PA 18002</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$404.30</b>
<b>3.639</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>PO Box 660108</b> <b>Dallas, TX 75266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,121.91</b>
<b>3.640</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Victorian Office LLC</b> <b>250 S. Bobwhite Ct.</b> <b>Suite 230</b> <b>Boise, ID 83706</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$486.18</b>
<b>3.641</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Victorian Office LLC</b> <b>250 S. Bobwhite Court</b> <b>Suite 230</b> <b>Boise, ID 83706</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$486.18</b>
<b>3.642</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Vital Records Control of AL</b> <b>Dept 5874</b> <b>PO Box 11407</b> <b>Birmingham, AL 35246</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$801.24</b>
<b>3.643</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Vital Records Control of Alabama</b> <b>Dept 5874</b> <b>PO Box 11407</b> <b>Birmingham, AL 35246-5874</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$801.24</b>
<b>3.644</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Vital Records Control of South Carolina</b> <b>Dept 5874</b> <b>PO Box 11407</b> <b>Birmingham, AL 35246</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$398.11</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.645	<b>Nonpriority creditor's name and mailing address</b> <b>Vital Records Control of South Carolina</b> <b>Dept 5874</b> <b>PO Box 11407</b> <b>Birmingham, AL 35246</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$398.11</b>
3.646	<b>Nonpriority creditor's name and mailing address</b> <b>Vital Records Holdings LLC</b> <b>PO Box 11407</b> <b>Birmingham, AL 35246-5874</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$645.64</b>
3.647	<b>Nonpriority creditor's name and mailing address</b> <b>Vitrolife</b> <b>1715 Solutions Center</b> <b>Chicago, IL 60677</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$69,241.10</b>
3.648	<b>Nonpriority creditor's name and mailing address</b> <b>Vitrolife</b> <b>1715 Solutions Center</b> <b>Chicago, IL 60677</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$69,241.10</b>
3.649	<b>Nonpriority creditor's name and mailing address</b> <b>VWR International</b> <b>PO Box 640169</b> <b>Pittsburgh, PA 15264</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,989.29</b>
3.650	<b>Nonpriority creditor's name and mailing address</b> <b>VWR International</b> <b>PO Box 640169</b> <b>Pittsburgh, PA 15264</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,989.29</b>
3.651	<b>Nonpriority creditor's name and mailing address</b> <b>W.B. Mason Company</b> <b>PO Box 981101</b> <b>Boston, MA 02298</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,578.82</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.652	<b>Nonpriority creditor's name and mailing address</b> <b>Wageworks</b> <b>Corporate Office</b> <b>PO Box 45772</b> <b>San Francisco, CA 94145</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,646.19</b>
3.653	<b>Nonpriority creditor's name and mailing address</b> <b>Wageworks</b> <b>Corporate Office</b> <b>PO Box 45772</b> <b>San Francisco, CA 94145</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,646.19</b>
3.654	<b>Nonpriority creditor's name and mailing address</b> <b>Wal-Mark Contracting Group LLC</b> <b>NATIONAL CONSTRUCTION ENTERPRISES INC</b> <b>5203 NORTH HOWARD AVE</b> <b>Tampa, FL 33603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,525.00</b>
3.655	<b>Nonpriority creditor's name and mailing address</b> <b>Wal-Mark Contracting Group LLC</b> <b>NATIONAL CONSTRUCTION ENTERPRISES INC</b> <b>5203 NORTH HOWARD AVE</b> <b>Tampa, FL 33603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,525.00</b>
3.656	<b>Nonpriority creditor's name and mailing address</b> <b>Wasatch Greenspaces</b> <b>3267 East 3300 South No. 513</b> <b>Salt Lake City, UT 84109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$192.33</b>
3.657	<b>Nonpriority creditor's name and mailing address</b> <b>Wasatch Greenspaces</b> <b>3267 East 3300 South No. 513</b> <b>Salt Lake City, UT 84109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$192.23</b>
3.658	<b>Nonpriority creditor's name and mailing address</b> <b>Waste Management of Pennsylvania</b> <b>PO Box 13648</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,227.68</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

  

3.659	<b>Nonpriority creditor's name and mailing address</b> <b>Waste Management of Pennsylvania</b> <b>PO Box 13648</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,227.68</b>
3.660	<b>Nonpriority creditor's name and mailing address</b> <b>Water Specialties Inc.</b> <b>4118 South 500 West</b> <b>Salt Lake City, UT 84123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.26</b>
3.661	<b>Nonpriority creditor's name and mailing address</b> <b>Water Specialties Inc.</b> <b>4118 South 500 West</b> <b>Salt Lake City, UT 84123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.26</b>
3.662	<b>Nonpriority creditor's name and mailing address</b> <b>Waterworks Partners II, Inc.</b> <b>4701 Von Karman Ave.</b> <b>Suite 100</b> <b>Newport Beach, CA 92660</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,812.01</b>
3.663	<b>Nonpriority creditor's name and mailing address</b> <b>WBEB-FM</b> <b>PO Box 92911</b> <b>Cleveland, OH 44194</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,016.75</b>
3.664	<b>Nonpriority creditor's name and mailing address</b> <b>Weinterpret.net</b> <b>PO Box 250</b> <b>Libertytown, MD 21762</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$955.80</b>
3.665	<b>Nonpriority creditor's name and mailing address</b> <b>Wells Fargo</b> <b>PO Box 650073</b> <b>Dallas, TX 75265</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$640.16</b>

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.666	<b>Nonpriority creditor's name and mailing address</b> <b>Welltower OM Group LLC</b> <b>29126 Network Place</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57,578.34</b>
-------	---	--	--------------------

---

3.667	<b>Nonpriority creditor's name and mailing address</b> <b>Wessne's Janitorial, Inc.</b> <b>PO Box 5414</b> <b>Berkeley, CA 94705</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,025.00</b>
-------	---	--	-------------------

---

3.668	<b>Nonpriority creditor's name and mailing address</b> <b>West 18th Street Venture LLC</b> <b>PO Box 32072</b> <b>New York, NY 10087</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,063.92</b>
-------	---	--	--------------------

---

3.669	<b>Nonpriority creditor's name and mailing address</b> <b>West Oak LLC</b> <b>1165 Imperial Drive</b> <b>Suite 300</b> <b>ATTN MATT ANDREWS</b> <b>Hagerstown, MD 21740</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
-------	--	--	-----------------

---

3.670	<b>Nonpriority creditor's name and mailing address</b> <b>West Publishing Corp</b> <b>PO Box 412197</b> <b>Boston, MA 02241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,069.11</b>
-------	--	--	--------------------

---

3.671	<b>Nonpriority creditor's name and mailing address</b> <b>Westminster Executive Plaza LLC</b> <b>cSunny Hills Pallodium LLC</b> <b>600 WEST SANTA ANA BLVD, STE 800</b> <b>Santa Ana, CA 92701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,839.00</b>
-------	--	--	--------------------

---

3.672	<b>Nonpriority creditor's name and mailing address</b> <b>WIAD-FM</b> <b>PO Box 74090</b> <b>Cleveland, OH 44194</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,700.00</b>
-------	---	--	-------------------

---

Debtor	<b>IntegraMed America, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-11170 (LSS)</b>
--------	--	------------------------	-----------------------

---

3.673	<b>Nonpriority creditor's name and mailing address</b> <b>Wilson &amp; Corbin, APLC</b> <b>17817 Balle De Lobo Dr.</b> <b>Poway, CA 92064</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,525.00</b>
-------	--	--	--------------------

---

3.674	<b>Nonpriority creditor's name and mailing address</b> <b>Windrose Wellington Properties Ltd.</b> <b>HEALTHCARE PROP.MANAGERS OF</b> <b>AMERICA C/O</b> <b>29126 NETWORK PLACE</b> <b>Chicago, IL 60673</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,847.98</b>
-------	--	--	--------------------

---

3.675	<b>Nonpriority creditor's name and mailing address</b> <b>WMMR-FM</b> <b>One Bala Plaza</b> <b>Suite 429</b> <b>Bala Cynwyd, PA 19004</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,253.00</b>
-------	---	--	-------------------

---

3.676	<b>Nonpriority creditor's name and mailing address</b> <b>Womens Care Florida LLC</b> <b>5002 W. Lemon St.</b> <b>Tampa, FL 33609</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$41,335.13</b>
-------	--	--	--------------------

---

3.677	<b>Nonpriority creditor's name and mailing address</b> <b>Woodstown Anesthesia LLC</b> <b>2 Lantern Lane</b> <b>Tampa, FL 33609</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,600.00</b>
-------	--	--	-------------------

---

3.678	<b>Nonpriority creditor's name and mailing address</b> <b>Workcast Inc.</b> <b>Pioneer Building</b> <b>95 South Jackson St.</b> <b>Suite 100</b> <b>Seattle, WA 98104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$495.00</b>
-------	--	--	-----------------

---

3.679	<b>Nonpriority creditor's name and mailing address</b> <b>WWMX-FM</b> <b>PO Box 74090</b> <b>Cleveland, OH 44194</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,644.40</b>
-------	---	--	-------------------



Debtor **IntegraMed America, Inc.**  
NameCase number (if known) **20-11170 (LSS)**

3.680 Nonpriority creditor's name and mailing address

**Y.C.P Cleaning Service**  
**1011 Rock Forest Way**  
**Fort Mill, SC 29707**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$1,731.44**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: **Vendor**Is the claim subject to offset? ☒ No ☐ Yes

3.681 Nonpriority creditor's name and mailing address

**Your Public Radio Corp.**  
**2216 N Charles St.**  
**Baltimore, MD 21218**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$2,516.00**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: **Vendor**Is the claim subject to offset? ☒ No ☐ Yes

3.682 Nonpriority creditor's name and mailing address

**Zengeler Cleaners**  
**660 Dundee Road**  
**Suite 1001**  
**Northbrook, IL 60062**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$63.90**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: **Vendor**Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the  
related creditor (if any) listed?Last 4 digits of  
account number, if  
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

## Total of claim amounts

5a. \$ **0.00**5b. + \$ **8,084,893.60**5c. \$ **8,084,893.60**

**Fill in this information to identify the case:**Debtor name **IntegraMed America, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **20-11170 (LSS)**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 907 N ELM ST, STE 200, Hinsdale, IL**State the term remaining **6/19/2023**

List the contract number of any government contract \_\_\_\_\_

**Accounting Manager  
40 Skokie Blvd., Suite 410  
Northbrook, IL 60062**2.2. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 2021 K ST NW, STE 710 A, Washington, DC**State the term remaining **5/31/2024**

List the contract number of any government contract \_\_\_\_\_

**Alexis Brown  
2021 K LLC c/o TF Cornerstone Inc  
387 Park Ave. S  
New York, NY 10016**2.3. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 2021 K ST NW, STE 750, Washington, DC**State the term remaining **5/31/2024**

List the contract number of any government contract \_\_\_\_\_

**Alexis Brown  
2021 K LLC c/o TF Cornerstone Inc  
387 Park Ave. S  
New York, NY 10016**2.4. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 2021 K ST NW, STE 101, Washington, DC**State the term remaining **5/31/2024**

List the contract number of any government contract \_\_\_\_\_

**Alexis Brown  
2021 K LLC c/o TF Cornerstone Inc  
387 Park Ave. S  
New York, NY 10016**

Debtor 1 **IntegraMed America, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-11170 (LSS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential real property lease for 100 PARK PL, SUITES 130 170 200, San Ramon, CA**

State the term remaining

**6/30/2026**

List the contract number of any government contract

**Andy Wiratama , Anya Chanes  
Independent Holdings, LLC  
608 N El Camino Real  
San Mateo, CA 94401**

2.6. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential real property lease for 19500 SANDRIDGE WAY, STE 280 A, Leesburg, VA 11/31/2021**

State the term remaining

List the contract number of any government contract

**Anne McCannon  
HSRE Capmed LLC  
6110 Executive Blvd., Suite 800  
Rockville, MD 20852**

2.7. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential real property lease for 901 DULANEY VLY RD, STE 616 AND STE 100, Towson, MD 5/31/2023**

State the term remaining

List the contract number of any government contract

**Anthony G. LaBarbera, Rebecca Shipwash  
Guardian Realty Fund II Dulane LLC  
6000 Executive Blvd., Suite 400  
Rockville, MD 20852**

2.8. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential real property lease for 15066 LOS GATOS ALAMADEN RD (NEW), STE 100, Los Gatos, CA 6/30/2026**

State the term remaining

List the contract number of any government contract

**Barry Mirkin  
Mirkin Trust  
542 Lakeside Dr., Ste 2A  
Mountain View, CA 94040**

2.9. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential real property lease for 425 FIFTH AVE, STE 602, New York, NY 4/30/2025**

State the term remaining

List the contract number of any government contract

**Cat Wong  
Chang Kuo Reality LLC  
Murray Hill Station  
PO Box 1851  
New York, NY 10156**

Debtor 1 **IntegraMed America, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-11170 (LSS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10.	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	<b>Nonresidential real property lease for 3055 112TH AVE NE, STE 201 A, Bellevue, WA 2/28/2021</b>	<b>CBRE, c/o DWF West Lake LLC Corporate Campus E 1605 5th Ave., Suite 400 Seattle, WA 98101</b>
2.11.	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	<b>Clinic Master Service Agreement  8/31/2032</b>	<b>Center for Reproductive Medicine, P.A. 3435 Pinehurst Avenue Orlando, FL 32804</b>
2.12.	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	<b>Nonresidential real property lease for 2000 MEDICAL PKWY, STE 308, Annapolis, MD 12/31/2024</b>	<b>Christine N. Corradini Belcher Pavilion 2001 Medical Parkway Annapolis, MD 21401</b>
2.13.	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	<b>Clinic Master Service Agreement  9/14/2032</b>	<b>Coastal Fertility Specialists, LLC 1375 Hospital Drive Mount Pleasant, SC 29464</b>
2.14.	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	<b>Nonresidential real property lease for 6330 SAN VICENTE BLVD, SUITES 408 238 (UPDATED), Los Angeles, CA 8/31/2022</b>	<b>Douglas Emmett Douglas Emmett Management LLC 6330 San Vicente Blvd., Ste 220 Los Angeles, CA 90048</b>
2.15.	State what the contract or lease is for and the nature of the debtor's interest	<b>Nonresidential real property lease for 1505 WESTLAKE AVE N, SUITES 400 495 300 310, Seattle, WA</b>	<b>DWF V West Lake, LLC cDivcoWest Real Estate Services, LLC Attn: Helen Tann 575 Market Street, 35th Fl San Francisco, CA 94105</b>

Debtor 1 **IntegraMed America, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-11170 (LSS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **/28/2025**

List the contract number of any government contract \_\_\_\_\_

2.16. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 3209 S 23RD ST, STE 350 3RD FL, Tacoma, WA 10/31/2022**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Ed Luera  
Clise Properties, Inc.  
1700 7th Ave., Suite 1800  
Seattle, WA 98101**

2.17. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 12333 NE 130TH LN, STE 220 -, Kirkland, WA 2/28/2025**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Evergreen Hospital Medical Center  
King County Public Hospital No. 2  
Property Management - Mailbox #2  
12040 NE 128th Street  
Kirkland, WA 98034**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 3010 CRAIN HWY, STE 201, Waldorf, MD 3/31/2021**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Farhad Saba  
The Saba Group Inc.  
11637 Ter Dr, Suite 200  
Waldorf, MD 20602**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Clinic Master Service Agreement**

State the term remaining **2/15/2042**

List the contract number of any government contract \_\_\_\_\_

**Fertility Centers of Illinois, S.C.  
3703 W. Lake Avenue  
Suite 310  
Glenview, IL 60026**

2.20. State what the contract or lease is for and the nature of the debtor's interest **Clinic Master Service Agreement**

State the term remaining **12/1/2034**

List the contract number of any government contract \_\_\_\_\_

**Fouk & Whitten Nevada Center  
for Reproductive Medicin, PC  
645 Sierra Rose Drive  
Suite 205  
Reno, NV 89511**

Debtor 1 **IntegraMed America, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-11170 (LSS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- |       |   |  |  |
|-------|---|--|--|
| 2.21. | State what the contract or lease is for and the nature of the debtor's interest | Nonresidential real property lease for 1098 FOSTER CITY BLVD, STE 210 (A210 A205), Foster City, CA 7/31/2022 |  |
|       | State the term remaining  |  | Francesca Busalacchi<br>ROIC California, LLC Attn: Chief Operati<br>8905 Towne Ctr Dr., Suite 108<br>San Diego, CA 92122           |
|       | List the contract number of any government contract                             |  |  |
| <hr/> |   |  |  |
| 2.22. | State what the contract or lease is for and the nature of the debtor's interest | Nonresidential real property lease for 2960 N STATE RD 7, SUITES 100 200 300, Margate, FL 8/31/2020          |  |
|       | State the term remaining  |  | Gary Gagne, Director of Leasing<br>Montecito Medical<br>Northwest Medical Park<br>550 Heritage Dr., Suite 200<br>Jupiter, FL 33458 |
|       | List the contract number of any government contract                             |  |  |
| <hr/> |   |  |  |
| 2.23. | State what the contract or lease is for and the nature of the debtor's interest | Nonresidential real property lease for 5215 LOUGHBORO RD, STE 410 A, Washington, DC 3/31/2027                |  |
|       | State the term remaining  |  | Grace Waldron<br>Avison Young<br>5255 Loughboro Rd NW<br>Washington, DC 20016  |
|       | List the contract number of any government contract                             |  |  |
| <hr/> |   |  |  |
| 2.24. | State what the contract or lease is for and the nature of the debtor's interest | Nonresidential real property lease for 2333 PONCE DE LEON BLVD, SUITES 126 & 128, Coral Gables, FL 1/31/2023 |  |
|       | State the term remaining  |  | Hilda Mendoza, property manager<br>Prim BAC Colonnade, LLC c/o PointeGroup<br>2333 Ponce De Leon Blvd. Ste R210<br>Miami, FL 33134 |
|       | List the contract number of any government contract                             |  |  |
| <hr/> |   |  |  |
| 2.25. | State what the contract or lease is for and the nature of the debtor's interest | Clinic Master Service Agreement  |  |
|       | State the term remaining  | 12/1/2034  | Idaho Center for Reproductive Medicine<br>111 Main Street<br>Suite 100<br>Boise, ID 83702  |
|       | List the contract number of any government contract                             |  |  |

Debtor 1 **IntegraMed America, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-11170 (LSS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.26. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 15920 E INDIANA AVE, STE 200 A, Spokane Valley, WA**

State the term remaining **9/30/2020**

List the contract number of any government contract \_\_\_\_\_

**Indiana Investors Group, L.L.C., c/o LoI  
Indiana Investors Group, LLC  
9614 N. Cedar Rd.  
Spokane, WA 99208**

2.27. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 7280 W PALMETTO PARK RD, STE 104-N, Boca Raton, FL**

State the term remaining **6/30/2021**

List the contract number of any government contract \_\_\_\_\_

**Jackie Villamayor, So-Flo Venture/CBRE  
c/o Liberty Equities USA, LC  
534 Willow Ave., Suite 203  
Cedarhurst, NY 11516**

2.28. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 510 N PROSPECT AVE, SUITES 202 205, Redondo Beach, CA**

State the term remaining **2/28/2023**

List the contract number of any government contract \_\_\_\_\_

**Janet Song  
Charles Dunn Real Estate Services, Inc.  
800 West 6th St., Suite 600  
Los Angeles, CA 90017**

2.29. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 10630 LITTLE PATUXENT PKWY, STE 305 AND 330, Columbia, MD**

State the term remaining **9/30/2021**

List the contract number of any government contract \_\_\_\_\_

**Jeffrey Lee Cohen  
BECO Management Inc.  
5410 Edson Ln20852  
Suite 200  
Rockville, MD 20852**

2.30. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 9600 BLACKWELL RD, 5TH FL, Rockville, MD**

State the term remaining **3/31/2026**

List the contract number of any government contract \_\_\_\_\_

**Jennifer Pendly, CPA  
9600 BLACKWELL II c/o ROYCO INC  
8121 Georgia Ave., Suite 500  
Silver Spring, MD 20910**

Debtor 1 **IntegraMed America, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-11170 (LSS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.31. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential real property lease for 13580 GROUPE DR, STE 105, Woodbridge, VA**

State the term remaining

**5/31/2025**

List the contract number of any government contract

**John S. Groupe, V.  
The Engineering Group  
13580 Groupe Dr., Suite 301  
Woodbridge, VA 22192**

2.32. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential real property lease for 2260 W HIGGINS RD, STE 200 A, Hoffman Estates, IL**

State the term remaining

**5/23/2023**

List the contract number of any government contract

**Jonathan Swindle  
PO Box 4807  
Hinsdale, IL 60522**

2.33. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential real property lease for 100 TECHNOLOGY DR, SUITES 203 210, Trumbull, CT**

State the term remaining

**3/31/2025**

List the contract number of any government contract

**Joseph Goldman  
El Dorado Holdings LLC  
100 Technology Dr.  
Trumbull, CT 06611**

2.34. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential real property lease for 11516 LAMEY BRG RD, STE 13 A, D'Iberville, MS**

State the term remaining

**7/31/2022**

List the contract number of any government contract

**Kaylynn Sills  
Encore Retail Lakeview VI, LLC Attn: Leg  
8403 Westglen Drive  
Houston, TX 77063**

2.35. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential real property lease for 7451 WILES RD, BLDG 2 STE 201 WHISPERING WOODS CTR, CORAL SPRINGS, FL**

State the term remaining

**7/31/2020**

List the contract number of any government contract

**Kevin Payton  
Payton Coral Springs, LLC  
436 Holiday Dr.  
Hallandale, FL 33009**



Debtor 1 **IntegraMed America, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-11170 (LSS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.36. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Nonresidential real property lease for 12011 LEE JACKSON HWY, SUITES 302 305, Fairfax, VA 5/31/2023****Kim Bennett  
Guardian Realty  
600 Executive Blvd., Suite 400  
Rockville, MD 20852**

2.37. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Nonresidential real property lease for 105 LANDINGS DR, STE 202 -, Mooresville, NC 12/31/2021****Langree Officer Center  
5800 Monroe St., Bldg F-5  
Sylvania, OH 43560**

2.38. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Nonresidential real property lease for 18210 S LAGRANGE RD, STE 111 A, Tinley Park, IL 8/31/2022****Legal Dept.  
18191 Von Karman Ave.  
Suite 300  
Irvine, CA 92612**

2.39. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Nonresidential real property lease for 900 N KINGSBURY ST, RW6 - PORTION OF LOWER LEVEL, Chicago, IL 11/30/2026****Legal Dept. Leasing  
Two N. Riverside Plz  
Ste 600  
Chicago, IL 60606**

2.40. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Nonresidential real property lease for 600 W CHICAGO AVE, RW5 - RIVERWALK LEVEL EXPANSION A, Chicago, IL 11/30/2026****Legal Dept., Leasing  
Two N. Riverside Plz, Suite 600  
Chicago, IL 60606**

Debtor 1 **IntegraMed America, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-11170 (LSS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.41. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Nonresidential real property lease for 600 HERITAGE DR, STE 200 A, Jupiter, FL 2/28/2022****Maria R. Gonzalez, Jamie Willard  
Windrose AWPC II Properties, LLC  
c Welltower Inc.  
1860 SW Fountainview Blvd. Suite 100  
Port Saint Lucie, FL 34986**

2.42. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Nonresidential real property lease for 567 NW LK WHITNEY PL, STE 103, 104, Port St. Lucie, FL 10/31/2023****Maria R. Gonzalez, Jamie Willard  
Lake Whitney Phase II, LLC  
c Welltower Inc.  
1860 SW Fountainview Blvd. Suite 100  
Port Saint Lucie, FL 34986**

2.43. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Nonresidential real property lease for 165 THOMAS JOHNSON DR, SUITES F G IN CONDO UNIT #300, Frederick, MD 6/30/2026****Marvin Ausherman, Shelli Lewis  
Aspen Ridge 165 LLC  
7420 Hayward Rd., Ste 203  
Frederick, MD 21702**

2.44. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Physician agreement****Indefinite****Northwest Center for Infertility and Reproductive Endocrinology, P.C.  
2960 North State Road 7  
Suite 300  
Pompano Beach, FL 33063**

2.45. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Nonresidential real property lease for 555 N NEW BALLAS, STE 150 A, St. Louis, MO 1/31/2026****Plaza Members III, LLC  
cLand Dynamics, Inc.  
7800 Forsyth Blvd., Ste 800  
Saint Louis, MO 63105**

2.46. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential real property lease for 111 PLUMTREE RD, 2ND FL A, Bel Air, MD****Plumtree Orthopaedic Associates  
111 Plumtree Rd.  
Bel Air, MD 21014**

Debtor 1 **IntegraMed America, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-11170 (LSS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **4/30/2024**

List the contract number of any government contract \_\_\_\_\_

2.47. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 2592 E GRAND AVE, UNIT 205 1, Lindenhurst, IL**State the term remaining **5/31//2021**

List the contract number of any government contract \_\_\_\_\_

**Property Manager  
1605 Half Day Road  
Deerfield, IL 60015**2.48. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for TWO MANHATTANVILLE RD (NEW), 4TH FL CORR, Purchase, NY**State the term remaining **9/30/2022**

List the contract number of any government contract \_\_\_\_\_

**Purchase Corporate Park Associates, L.P.  
Two Manhattanville Rd.  
Purchase, NY 10577**2.49. State what the contract or lease is for and the nature of the debtor's interest **Clinic Master Service Agreement**State the term remaining **9/22/2040**

List the contract number of any government contract \_\_\_\_\_

**Reproductive Endocrine Associates  
Charlotte, P.C.  
1524 East Morehead St.  
Charlotte, NC 28207**2.50. State what the contract or lease is for and the nature of the debtor's interest **Clinic Master Service Agreement**State the term remaining **12/31/2029**

List the contract number of any government contract \_\_\_\_\_

**Reproductive Partners Medical Group  
La Jolla, Inc.  
9850 Genesee Avenue  
Suite 800  
La Jolla, CA 92037**2.51. State what the contract or lease is for and the nature of the debtor's interest **Clinic Master Service Agreement**State the term remaining **6/30/2026**

List the contract number of any government contract \_\_\_\_\_

**Reproductive Science Center  
San Francisco Bay Area  
100 Park Place  
Suite 200  
San Ramon, CA 94583**

Debtor 1 **IntegraMed America, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-11170 (LSS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.52. State what the contract or lease is for and the nature of the debtor's interest **Clinic Master Service Agreement**State the term remaining **12/31/2028**

List the contract number of any government contract

**Seattle Reproductive Medicine, Inc. P.S.  
1505 Westlake Avenue North  
4th Fl.  
Seattle, WA 98109**2.53. State what the contract or lease is for and the nature of the debtor's interest **Clinic Master Service Agreement**State the term remaining **3/31/2021**

List the contract number of any government contract

**Shady Grove Fertility Reproductive  
Science Center, PC  
fka Levy, Sagoskin and Stillman, MD, PC  
15001 Shady Grove Road, Suite 200  
Rockville, MD 20850**2.54. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 728 134TH ST SW, STE 207 213, Everett, WA 3/31/2027**

State the term remaining

List the contract number of any government contract

**Smartcap, Inc.  
8201 164th Ave. NE  
Suite 110  
Redmond, WA 98052**2.55. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 1700 W MAIN ST, BLDG B, Pensacola, FL 1/31/2026**

State the term remaining

List the contract number of any government contract

**Stephanie Taylor  
Straight Eight Properties, LLC  
1700 W Main St., Ste 100  
Pensacola, FL 32502**2.56. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 9601 BLACKWELL RD, STE 400 AND 500, Rockville, MD 12/31/2031**

State the term remaining

List the contract number of any government contract

**Susan Siedman  
Caddis Management Company LLC  
252 Clayton St., 4th Fl.  
Denver, CO 80209**2.57. State what the contract or lease is for and the nature of the debtor's interest **Nonresidential real property lease for 9850 GENESEE AVE, STE 800 AND 830, La Jolla, CA 2/28/2021**

State the term remaining

**Thomas C. Sounhein, CEO  
Scripps Memorial - XiMed Medical Center,  
9850 Genesee Ave., Suite 800  
La Jolla, CA 92037**

Debtor 1 **IntegraMed America, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-11170 (LSS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract \_\_\_\_\_

2.58. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential real property lease for 720 ALICEANNA ST, STE 320 A, Baltimore, MD 8/31/2022**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Tim O'Donald  
Harbor East Garage LLC  
650 S Exeter St., Suite 200  
Baltimore, MD 21202**

2.59. State what the contract or lease is for and the nature of the debtor's interest

**Clinic Master Service Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**2/1/2032**

**UNC Ferility LLC  
7920 ACC Blvd.  
Suite 300  
Raleigh, NC 27617**

2.60. State what the contract or lease is for and the nature of the debtor's interest

**Clinic Master Service Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**1/1/2046**

**Utah Fertility Center, P.C.  
1446 W. Pleasant Grove  
Pleasant Grove, UT 84062**

2.61. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential real property lease for 89 DAVIS RD, SUITES 240 260 280, Orinda, CA 3/31/20**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Wendy Luis, property manager  
Lamorinda Development & Investment  
89 Davis Rd., Suite 260  
Orinda, CA 94563**

**Fill in this information to identify the case:**Debtor name IntegraMed America, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 20-11170 (LSS)☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	IntegraMed Fertility Holding Corp.	2 Manhattanville Road Purchase, NY 10577	Bank of Montreal (Administrative Agent)	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	IntegraMed Fertility Holding Corp.	2 Manhattanville Road Purchase, NY 10577	Bank of Montreal (Administrative Agent)	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	IntegraMed Florida Holdings, LLC	2 Manhattanville Road Purchase, NY 10577	Bank of Montreal (Administrative Agent)	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	IntegraMed Florida Holdings, LLC	2 Manhattanville Road Purchase, NY 10577	Bank of Montreal (Administrative Agent)	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	IntegraMed Holding Corp.	2 Manhattanville Road Purchase, NY 10577	Bank of Montreal (Administrative Agent)	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor IntegraMed America, Inc.Case number (if known) 20-11170 (LSS)**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	<b>IntegraMed Holding Corp.</b>	<b>2 Manhattanville Road Purchase, NY 10577</b>	<b>Bank of Montreal (Administrative Agent)</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	---------------------------------	---	--	--

2.7	<b>IntegraMed Management of Bridgeport LLC</b>	<b>2 Manhattanville Road Purchase, NY 10577</b>	<b>Bank of Montreal (Administrative Agent)</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	--	---	--	--

2.8	<b>IntegraMed Management of Bridgeport LLC</b>	<b>2 Manhattanville Road Purchase, NY 10577</b>	<b>Bank of Montreal (Administrative Agent)</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	--	---	--	--

2.9	<b>IntegraMed Management of Mobile, LLC</b>	<b>2 Manhattanville Road Purchase, NY 10577</b>	<b>Bank of Montreal (Administrative Agent)</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	---	---	--	--

2.10	<b>IntegraMed Management of Mobile, LLC</b>	<b>2 Manhattanville Road Purchase, NY 10577</b>	<b>Bank of Montreal (Administrative Agent)</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	---	---	--	--

2.11	<b>IntegraMed Management, LLC</b>	<b>2 Manhattanville Road Purchase, NY 10577</b>	<b>Bank of Montreal (Administrative Agent)</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	-----------------------------------	---	--	--

2.12	<b>IntegraMed Management, LLC</b>	<b>2 Manhattanville Road Purchase, NY 10577</b>	<b>Bank of Montreal (Administrative Agent)</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	-----------------------------------	---	--	--

2.13	<b>IntegraMed Medical Missouri, LLC</b>	<b>2 Manhattanville Road Purchase, NY 10577</b>	<b>Bank of Montreal (Administrative Agent)</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	---	---	--	--

Debtor IntegraMed America, Inc.Case number (if known) 20-11170 (LSS)**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	<b>IntegraMed Medical Missouri, LLC</b>	<b>2 Manhattanville Road Purchase, NY 10577</b>	<b>Bank of Montreal (Administrative Agent)</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	---	---	--	--

2.15	<b>Reproductive Partners, Inc.</b>	<b>2 Manhattanville Road Purchase, NY 10577</b>	<b>Bank of Montreal (Administrative Agent)</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	--	---	--	--

2.16	<b>Reproductive Partners, Inc.</b>	<b>2 Manhattanville Road Purchase, NY 10577</b>	<b>Bank of Montreal (Administrative Agent)</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	--	---	--	--

2.17	<b>Trellis Health LLC</b>	<b>2 Manhattanville Road Purchase, NY 10577</b>	<b>Bank of Montreal (Administrative Agent)</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	-------------------------------	---	--	--

2.18	<b>Trellis Health LLC</b>	<b>2 Manhattanville Road Purchase, NY 10577</b>	<b>Bank of Montreal (Administrative Agent)</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	-------------------------------	---	--	--